

Name  
in  
Full

Alton E. Arnold

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

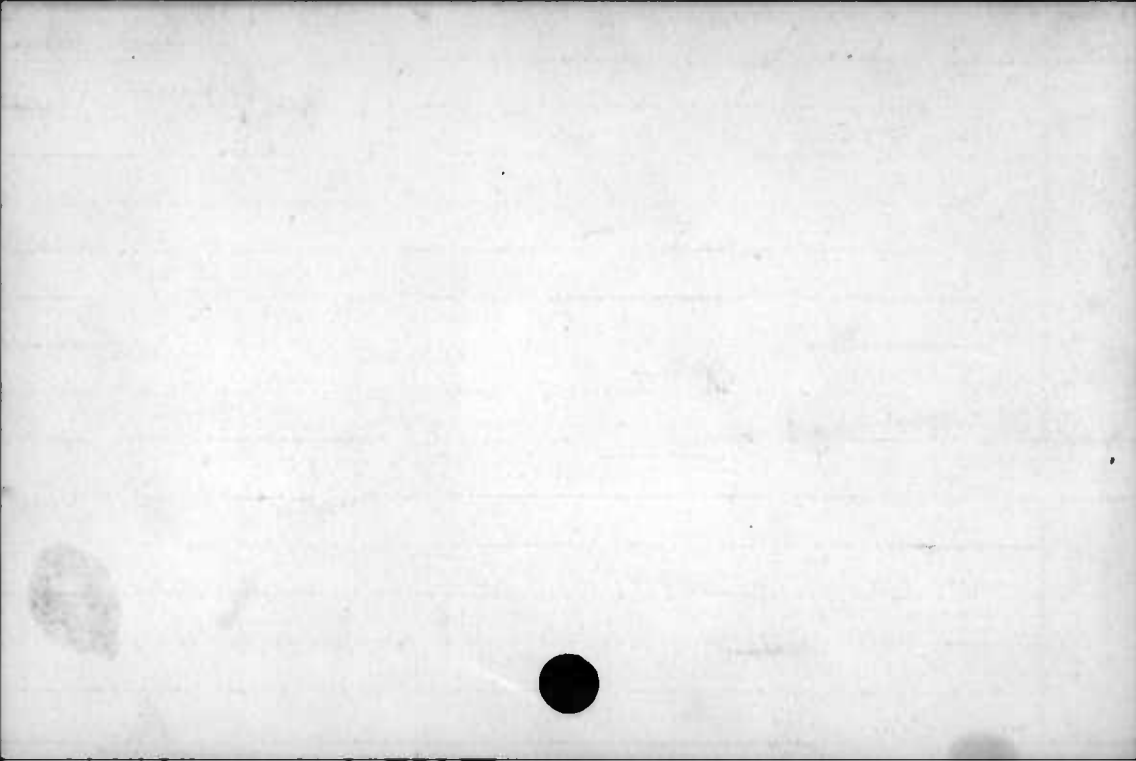
Died at <i>Rever</i>		Town		County		Anne Arundel		MARYLAND	
Date of death	1908	Month	Feb	Day	15	Age	20	Years	Months
									Days
									15
Sex	Male			Color or Race	White			Birth-place	Rever
Occupation	None			Where Residing if not at place of death					
Married, Single or Widowed	Single			Name of Wife or Husband			None		
Father's Name	Alton R. Arnold						Father's Birthplace	A & G	
Mother's Maiden Name	Willie S. Robinson						Mother's Birthplace	" " "	
Name of person giving information	Alton R. Arnold						How related to deceased	Father	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	Six months
Immediate	Destruction of lung tissue		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Geo. Wells		
		Address		
		Annapolis Md		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

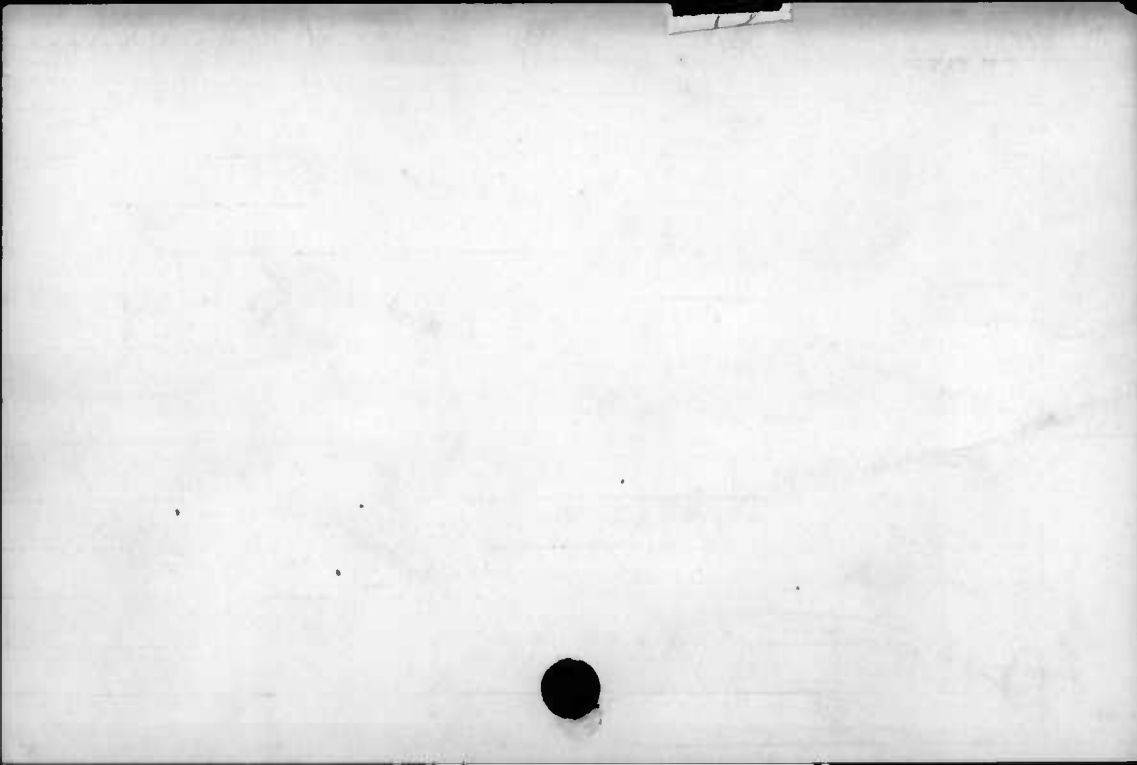
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		FEB	28	27			
Sex	male	Color or Race	black	Birth-place	Bowie, Md		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single				Wheat. Banks			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
L. R. Pye				Inf at all			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	How long
Tuberculosis	2. mo
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	J. R. Pye
no	Laurel, Md
Accident or Suicide?	
no	



Name  
in  
Full

John Henry Benisien

## CERTIFICATE OF DEATH

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NEAREST FRIEND

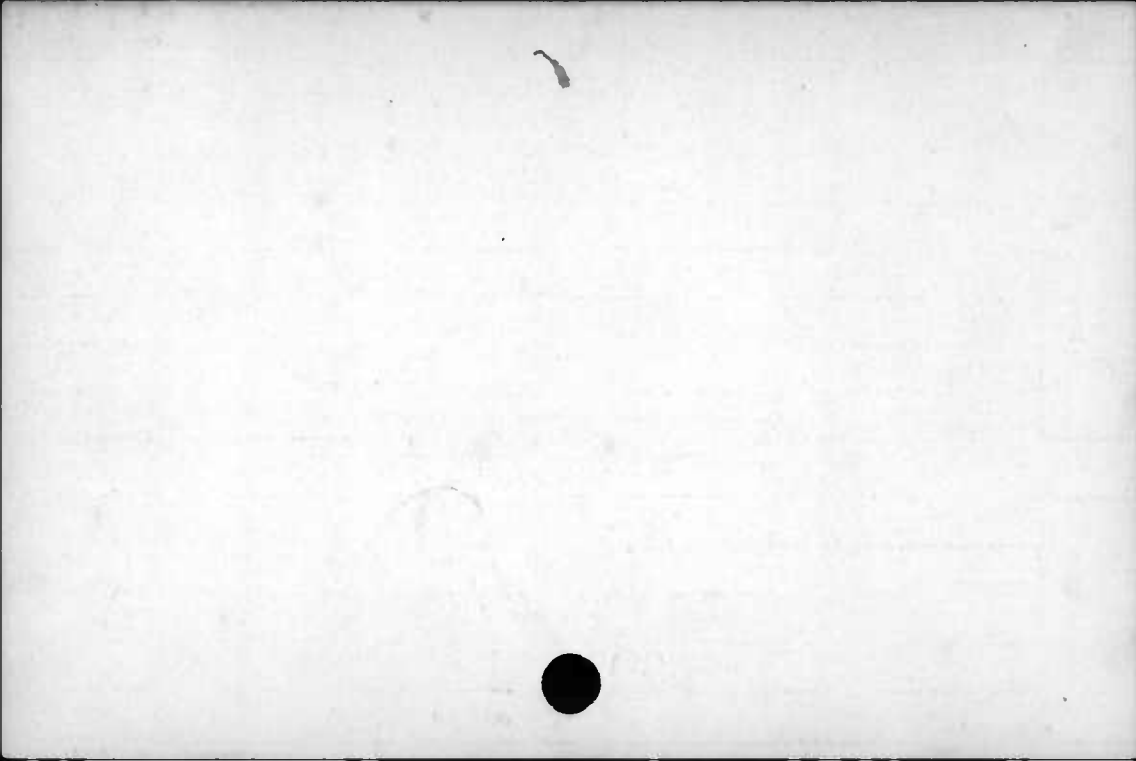
Died at <i>Mayo</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>28th</i>	Age <i>74</i> Years	Months	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Farmer</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katherine Schöning</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Henry F. Hinburg</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 months</i>
Immediate	<i>Coma</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Collinson</i>	
<i>yes</i>		Address <i>South River</i>	
Accident or Suicide?		<i>Med.</i>	



Name  
in  
Full

George Bocodourovitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

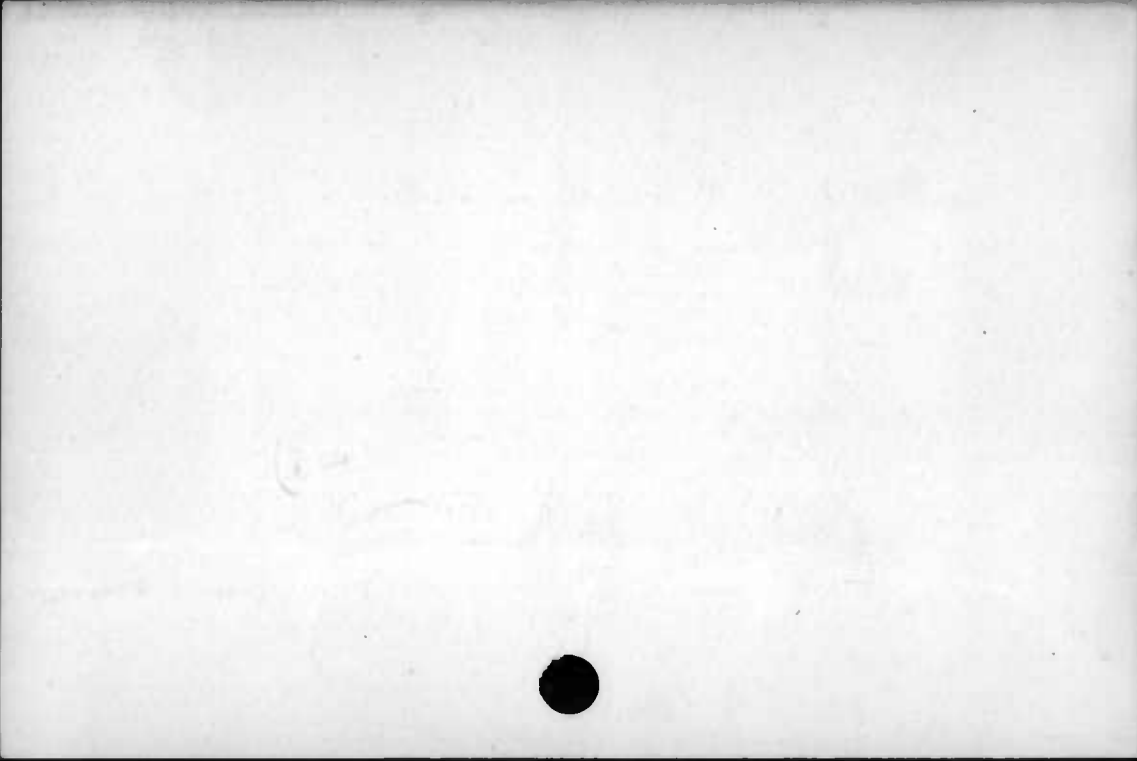
Died at <u>Swally</u> <sup>Town</sup>		<u>A A</u> <sup>County</sup>			
Date of death <u>1908</u>	<u>July</u> <sup>Month</sup>	<u>11</u> <sup>Day</sup>	<u>  </u> <sup>Years</sup>	<u>3</u> <sup>Months</sup>	<u>  </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Wd.</u>		
Occupation <u>  </u>			Where Residing if not at place of death <u>  </u>		
Married, Single or Widowed <u>  </u>		Name of Wife or Husband <u>  </u>			
Father's Name <u>Adam Bocodourovitch</u>			Father's Birthplace <u>Poland</u>		
Mother's Maiden Name <u>Elizabeth</u>			Mother's Birthplace <u>  </u>		
Name of person giving information <u>Adam Bocodourovitch</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>one week</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Horton M.D.</u>
	Address <u>Swally Ind.</u>





Name  
in  
Full

Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

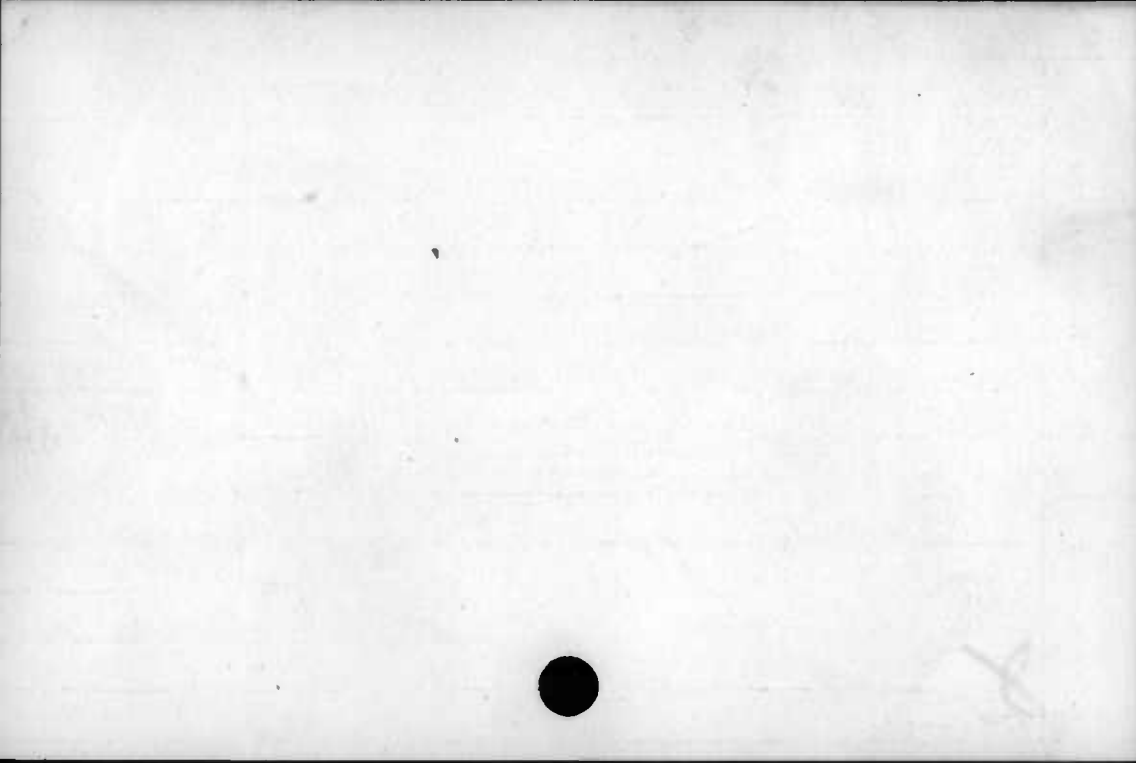
Died at <u>Beaufort</u> <sup>Town</sup>		<u>Ann Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u>	<u>Feb</u> <sup>Month</sup>	<u>20</u> <sup>Day</sup>	Age <u>44</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>male</u>	Color or Race	<u>black</u>	Birth-place	<u>Urban</u>
Occupation	<u>Suburban</u>		Where Residing if not at place of death <u>at Plea 7 dent</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband <u>Urban</u>			
Father's Name	<u>Urban</u>			Father's Birthplace <u>—</u>	
Mother's Maiden Name	<u>Urban</u>			Mother's Birthplace <u>—</u>	
Name of person giving information	<u>J. M. B. B. B.</u>			How related to deceased <u>not at all</u>	

CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	<u>Atherosclerosis of heart</u>	How long	<u>6 days</u>
Immediate	<u>Pericarditis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. M. B. B. B.</u>
		Address	<u>Laurel Md</u>
Accident or Suicide?	<u>no</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

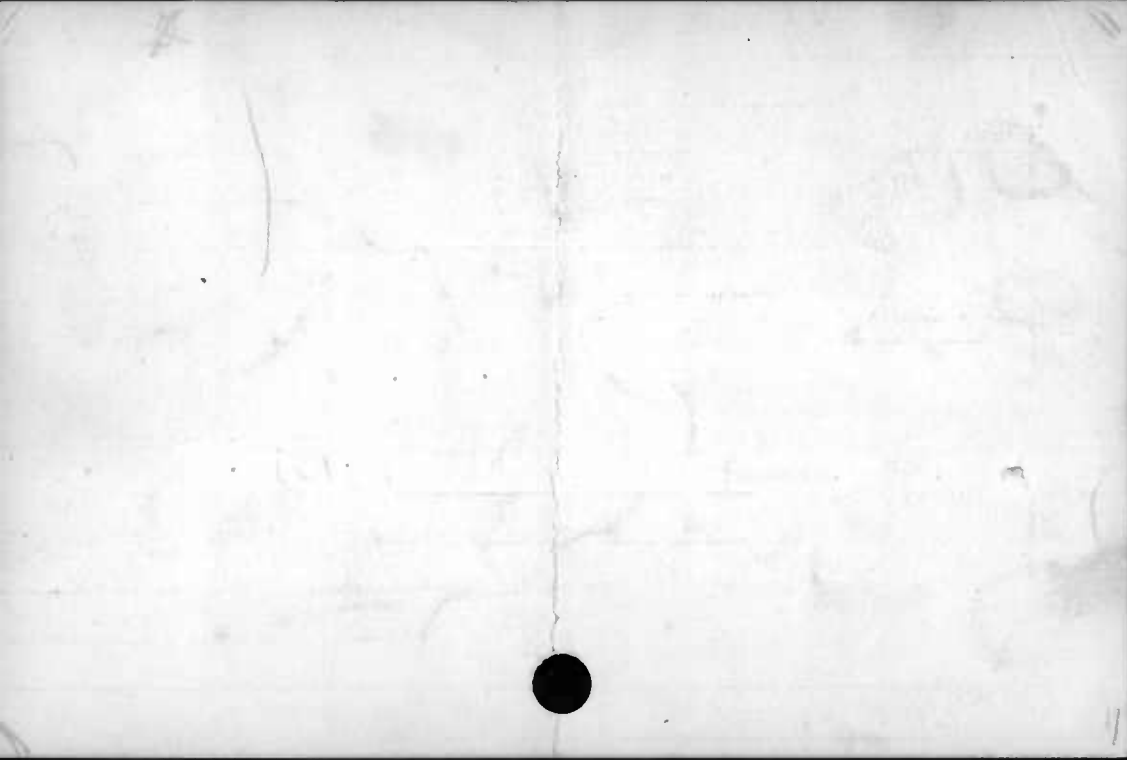
Name <i>Jane Brown</i>			Town <i>Annapolis</i>		County <i>A-a-</i>		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months
		<i>1908 Feb. 27</i>				<i>57</i>		
Sex	<i>Female</i>	Color or Race	<i>Colord</i>		Birth-place	<i>Prince George Co. Md.</i>		
Occupation	<i>Domestic</i>		Where Residing if not at place of death		<i>East Port.</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>Henry Brown</i>			
Father's Name	<i>Henry Brown</i>				Father's Birthplace	<i>Prince George Co. Md.</i>		
Mother's Maiden Name	<i>unknown</i>				Mother's Birthplace	<i>Prince George Co. Md.</i>		
Name of person giving information	<i>Georganna B. Richardson</i>				How related to deceased	<i>Daughter</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Influenza Pneumonia</i>	How long	<i>Six days</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout, M.D.</i>	
		Address	
		<i>Annapolis Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Mary C. Cannon

TO BE ANSWERED BY  
NEAREST FRIEND

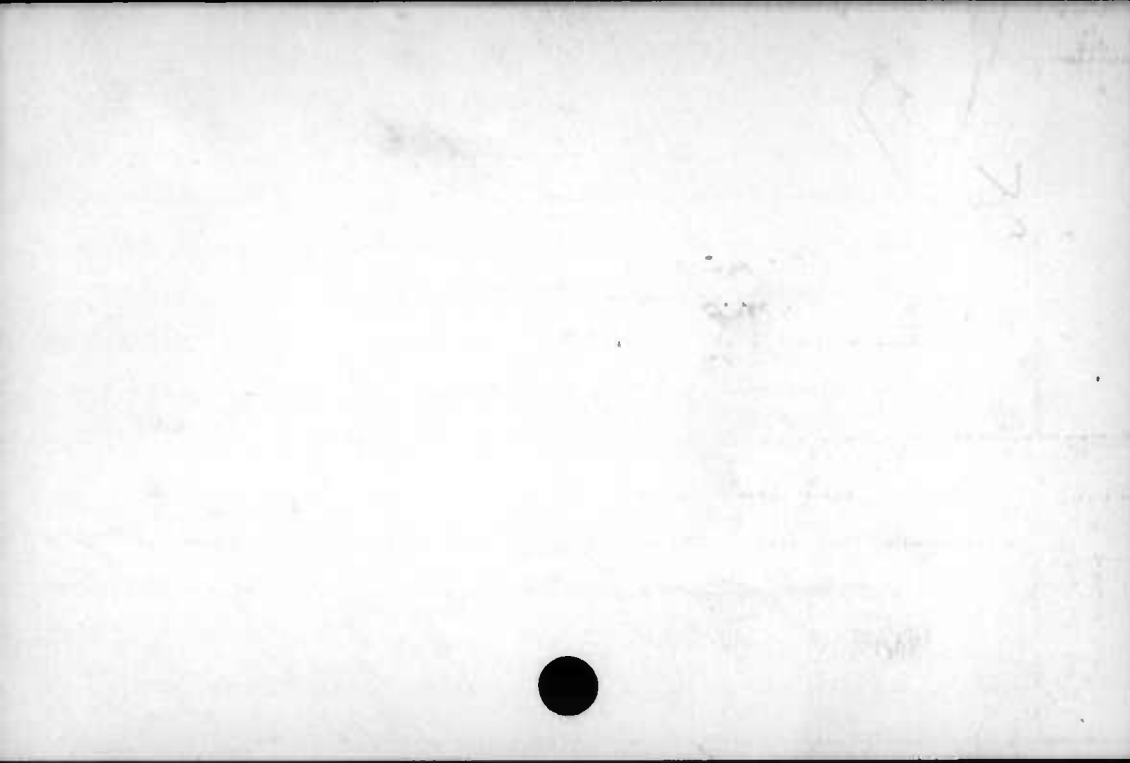
Died at <u>Brooklyn</u> <small>Town</small>		<u>June</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small>		<u>February</u> <small>Day</small>	<u>17</u> <small>Years</small>	<u>46</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Unknown</u>		Where Residing if not at place of death <u>Curtis Bay</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clarence Gray Cannon</u>				
Father's Name <u>John Smith</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Elizabeth Rosman</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>C. G. Cannon</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

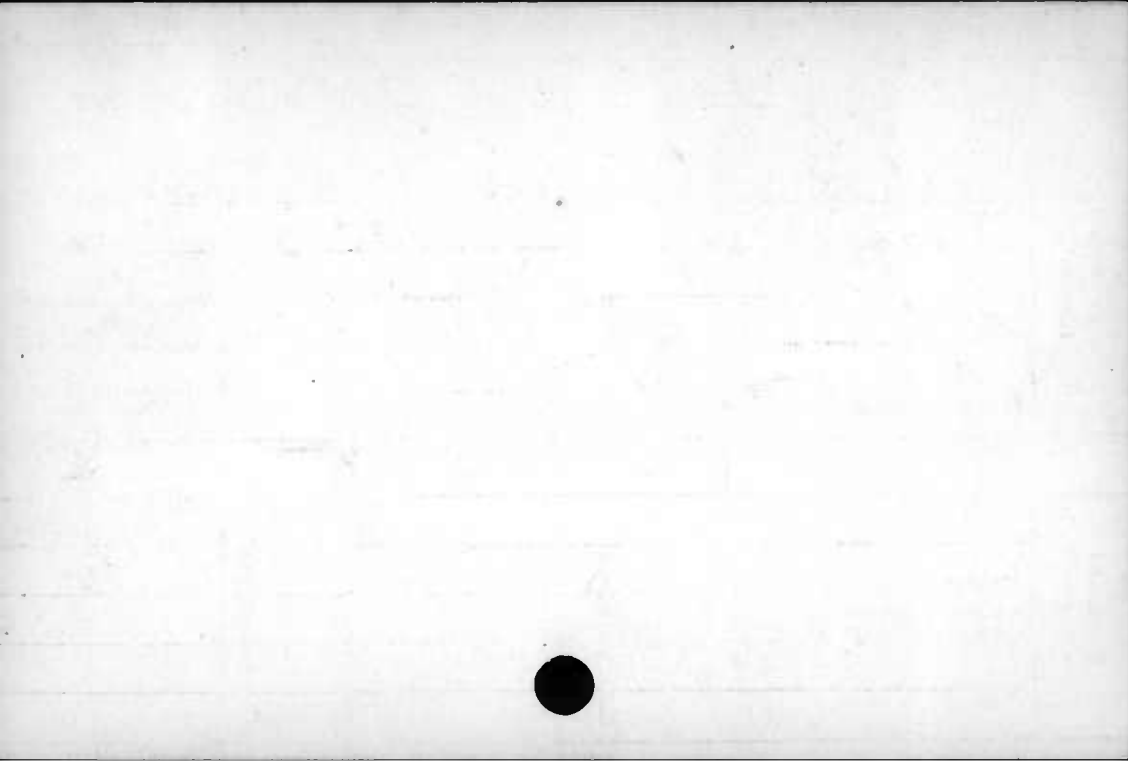
79

PHYSICIAN  
OR CORONER

Primary	<u>Heart Disease</u>	How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. Blaisdell</u>
		Address <u>South Balto</u>
		<u>MD</u>
Accident or Suicide?		



Name in Full <b>Philip Dorsey</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b> <small>Town</small>		<b>Anne Arundel</b> <small>County</small>	
Date of death <b>1908 Feb 12</b> <small>Month Day</small>		<b>14</b> <small>Years</small>	
Sex <b>Male</b>		Color or Race <b>Colored.</b>	
Occupation <b>School boy</b>		Birth-place <b>West River</b> <small>2nd</small>	
Where Residing if not at place of death <b>133 South St.</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>	
Father's Name <b>Chas Dorsey</b>		Father's Birthplace <b>Calvert Co.</b> <small>2nd</small>	
Mother's Maiden Name <b>Elizabeth O'Neal</b>		Mother's Birthplace <b>A.A. Co.</b> <small>2nd</small>	
Name of person giving information <b>Elizabeth Mother Dorsey</b>		How related to deceased <b>mother</b>	
<div> <div>TO BE ANSWERED BY NEAREST FRIEND</div> <div>CAUSES OF DEATH</div> <div> <div> <div>33</div> </div> </div> </div>			
Primary <b>Adenitis Tubercular</b>		How long <b>21 days</b>	
Immediate <b>Exhaustion</b>		How long <b>6 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>R. P. Reese</b>	
Address <b>60 Cathedral St Annapolis</b>			
Accident or Suicide? <b>no</b>			





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Patuxent* <sup>Town</sup> *Anne Arundel* <sup>County</sup>Date of death 190 *8* Month *2* Day *6* Age *64* Years Months *3* Days *8*Sex *Male* Color or Race *White* Birth-place *Patuxent*Married, Single or Widowed *Married* Occupation *Farmer*Name of Wife - *Mary A. Downs*  
~~Husband~~Father's Name *John Downs*Father's Birthplace *Maryland Co. Md.*Mother's Maiden Name *Mary A. Carrick*Mother's Birthplace *P. G. Wood*Name of person giving information *Mary A. Downs*How related to deceased *Wife*

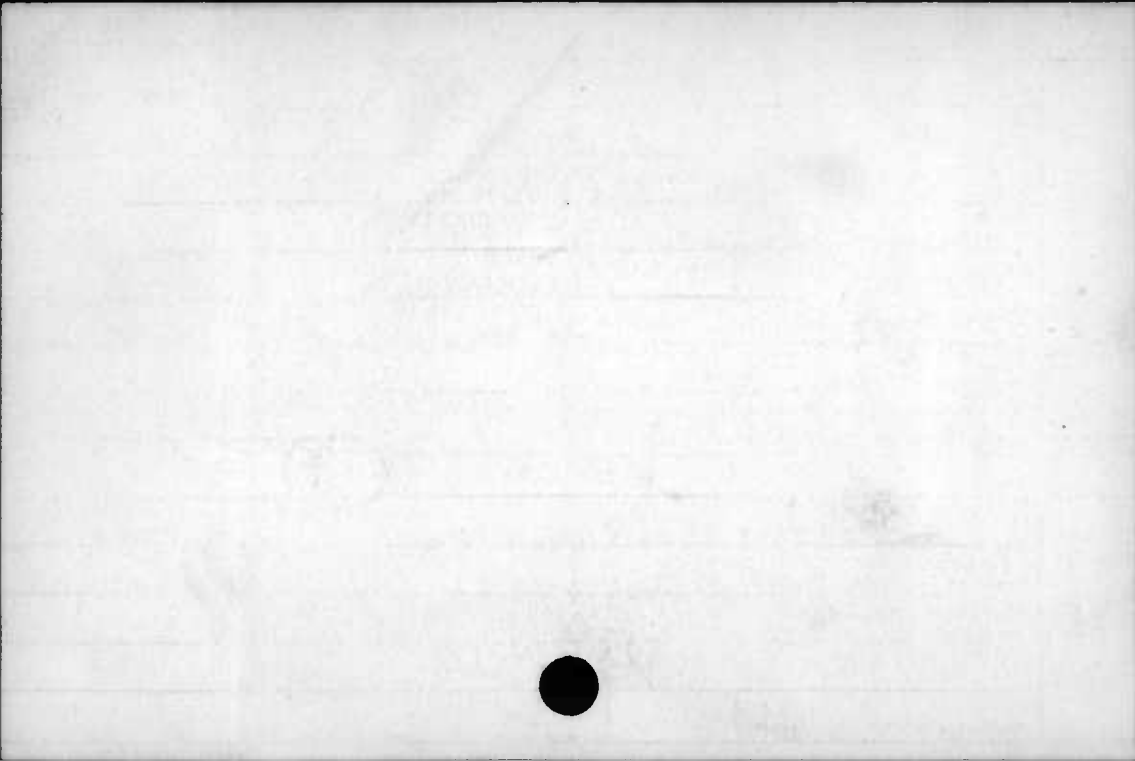
## CAUSES OF DEATH

Primary *Cerebritis* *65*How long *4 weeks*Immediate *Softening of brain*How long *Two weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. H. Dobson M.D.*Address *Garrbills*  
*M.D.*

Accident or Suicide?



Name in Full		Thomas Fletcher				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Annapolis		County	
		Date of death		1908		Age	
		Month		Feb.		Years	
		Day		25		Months	
		Sex		Male		Color or Race	
Occupation		Labor		Where Residing if not at place of death		Acton Lane	
Married, Single or Widowed		Married		Name of Wife or Husband		Artha Fletcher	
Father's Name		Robert Fletcher		Father's Birthplace		Prince George's Co. Md.	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown.	
Name of person giving information		Elizabeth Smith		How related to deceased		Mother-in-law	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">27</div>							
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long	
		Immediate		Exhaustion		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		John Ridout		Annapolis Md.	
Accident or Suicide?							



Name  
in  
Full

Robert Edward Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

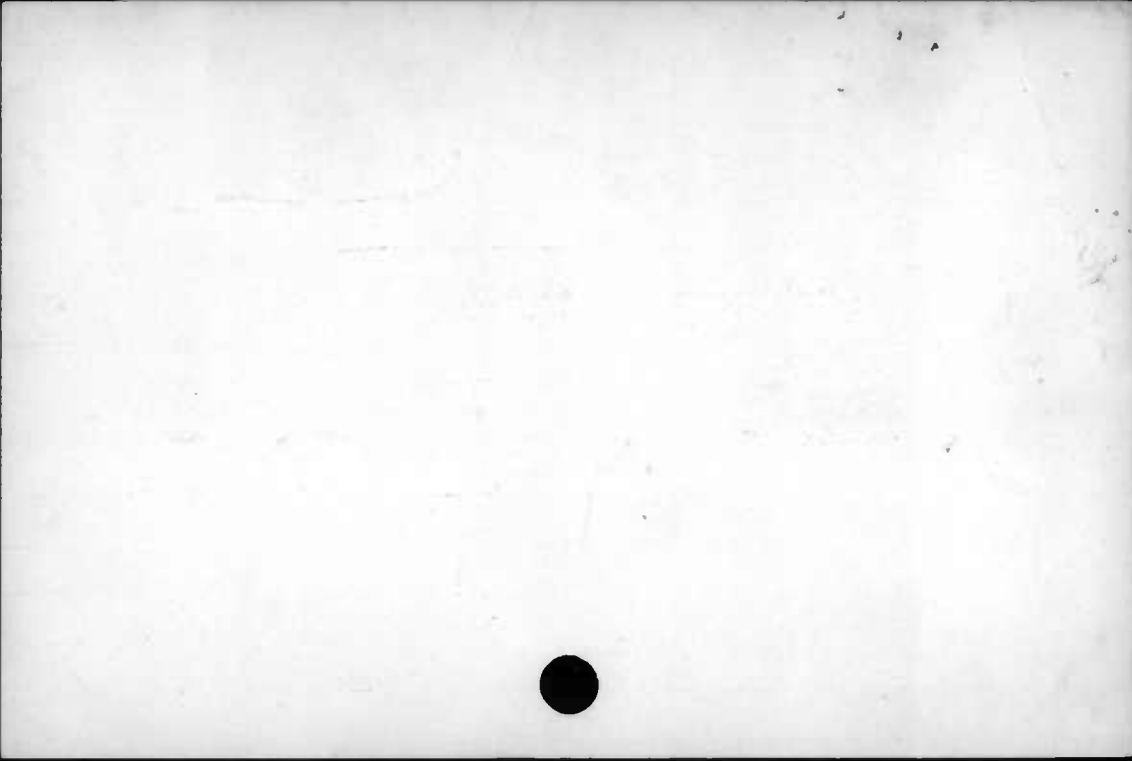
Died at		Deals		Town		A. A.		County		MARYLAND	
Date of death		1908		February		8		Age		35-	
Sex		male		Color or Race		white		Birth-place		Deals	
Occupation		Oysterman		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Janie R. Ward					
Father's Name		Ezekiah F. Ward		Father's Birthplace		Friendship Md.					
Mother's Maiden Name		Sarah E. Rogers		Mother's Birthplace		Dracys Md.					
Name of person giving information		Janie R. Ford		How related to deceased		Mother-in-law					

## CAUSES OF DEATH

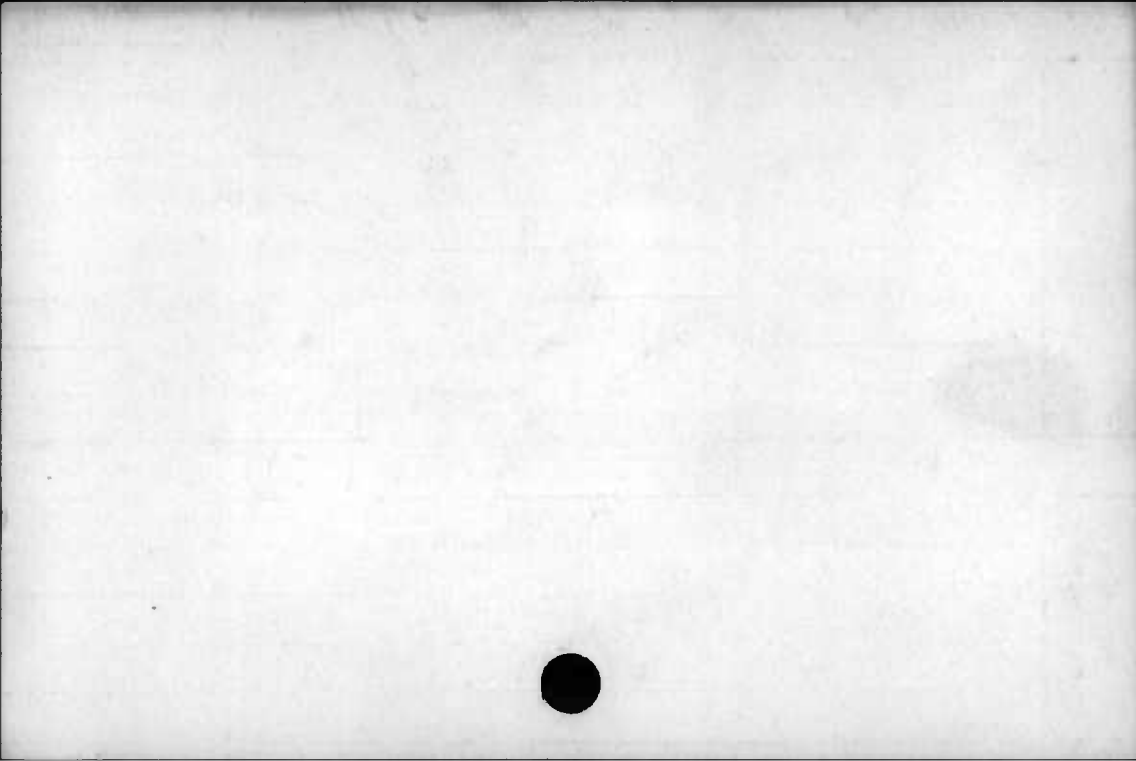
27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	?
Immediate	Heart Failure	How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		A. R. W. Wilson	
Address		Churchton, Ind.	
Accident or Suicide?			



Name in Full <b>John Geoghan</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b> <small>Town</small>		<b>A.C.</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>Feb.</b> <small>Day</small> <b>29</b>		<b>MARYLAND</b> <small>Years</small> <b>Age</b> <b>84</b> <small>Months</small> <small>Days</small>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Master at Arms U.S.A.</b>		Birth-place <b>Ireland</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Anne Geoghan</b>	
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>	
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>	
Name of person giving information <b>Philip Geoghan</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
Primary <b>Chronic Nephritis</b>		<b>120</b> <small>How long</small> <b>2 or 3 years</b>	
Immediate		<small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. Charles Purvis</b>	
		Address <b>Annapolis</b>	
Accident or Suicide? <b>No</b>		<b>Ind</b>	





Name  
in  
Full

CERTIFICATE OF DEATH

J. B. Gibson  
Smithville Annapolis

Died at <sup>Town</sup> Smithville <sup>County</sup> Annapolis MARYLAND

Date of death 1908 July 28 Age 47 Months Days

Sex Male Color or Race Colored Birthplace South Pine

Occupation Minister Where Residing if not at place of death Smithville

Married, Single or Widowed Married Name of Wife or Husband Lulu Gibson

Father's Name Thomas Gibson Father's Birthplace South Pine

Mother's Maiden Name Lulu Pias Mother's Birthplace A.A.C.

Name of person giving information Lulu Gibson How related to deceased Wife

CAUSES OF DEATH

Primary Tuberculosis 27 How long Months

Immediate Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

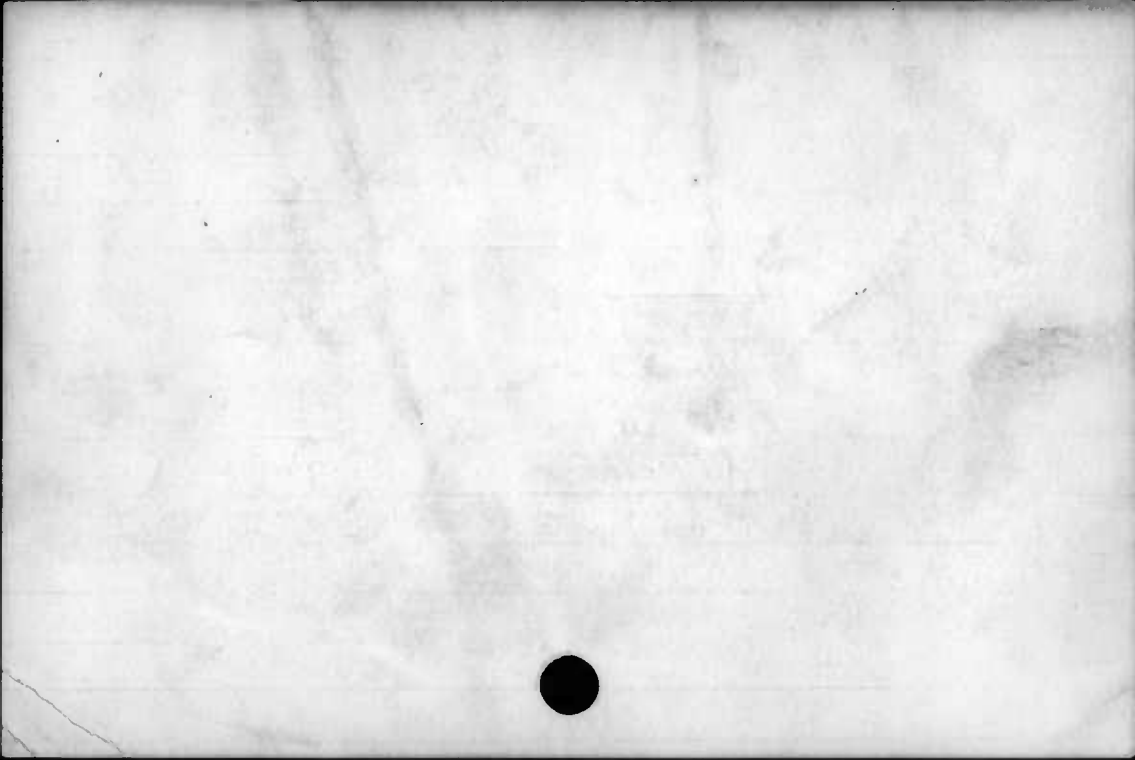
Address

John Ridout, M.D.  
Annapolis, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sherman Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County A-A-		MARYLAND	
Date of death	1908	Month Feb.	Day 8.	Age	Years —	Months 1.	Days 4.
Sex	Male		Color or Race	Colored		Birth-place	Annapolis
Occupation	unknown			Where Residing if not at place of death 49. Fleet St.			
Married, Single or Widowed	Single		Name of Wife or Husband	unknown			
Father's Name	Frank Green.				Father's Birthplace	Annapolis	
Mother's Maiden Name	Margret Tyler				Mother's Birthplace	Annapolis	
Name of person giving information	Margret Tyler				How related to deceased	Mother	

## CAUSES OF DEATH

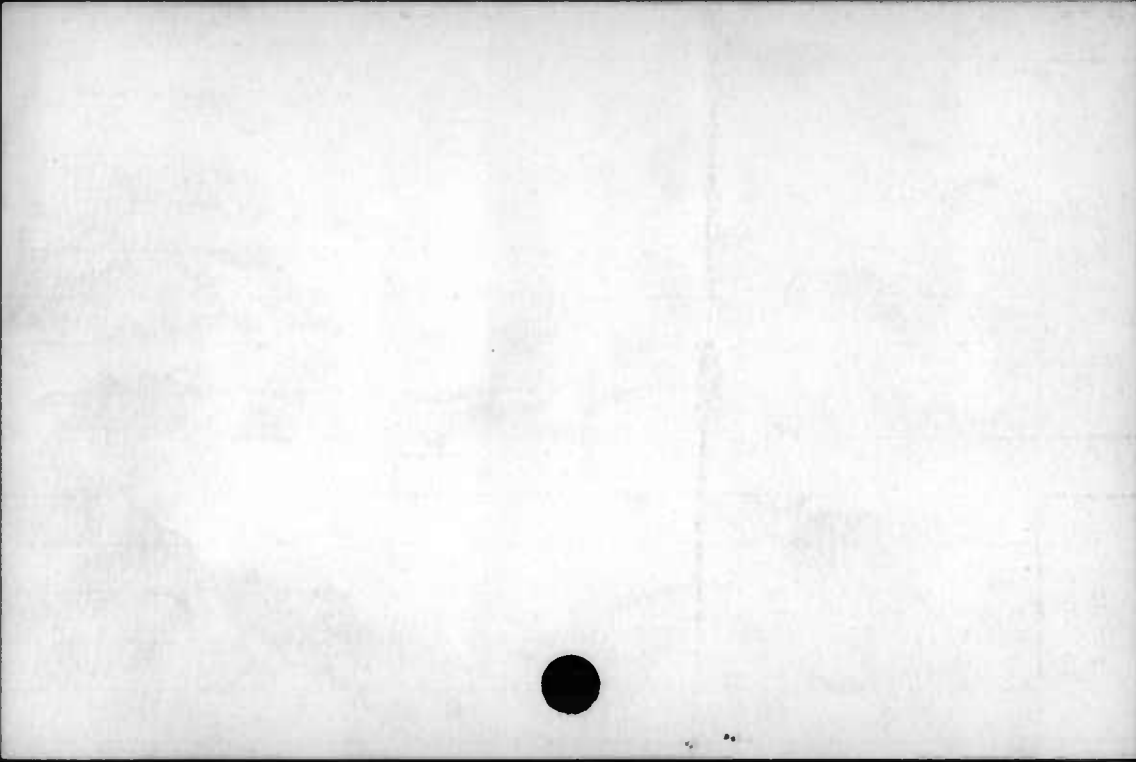
93

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	5 or 6 days
Immediate	Exhaustion		How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		John Ridout, M.D.		
		Address Annapolis Md		
Accident or Suicide?				

X-7  
15/1

Name in Full		Grintka				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	East Brooklyn		Huerfandel		MARYLAND	
	Date of death	1908	February	17	Age	0	0
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		East Brooklyn	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Frank Grentka		Father's Birthplace		Russia	
	Mother's Maiden Name	Victoria Grentka		Mother's Birthplace		4	
Name of person giving information	Rev Chas Kotlarsky		How related to deceased		None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still Born		(S)		How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Wm G. Schuchel Coroner		
			Address		South Balto		
	Accident or Suicide?				H. H. Co. Inc.		



Name  
in  
Full

Baby Hall

## CERTIFICATE OF DEATH

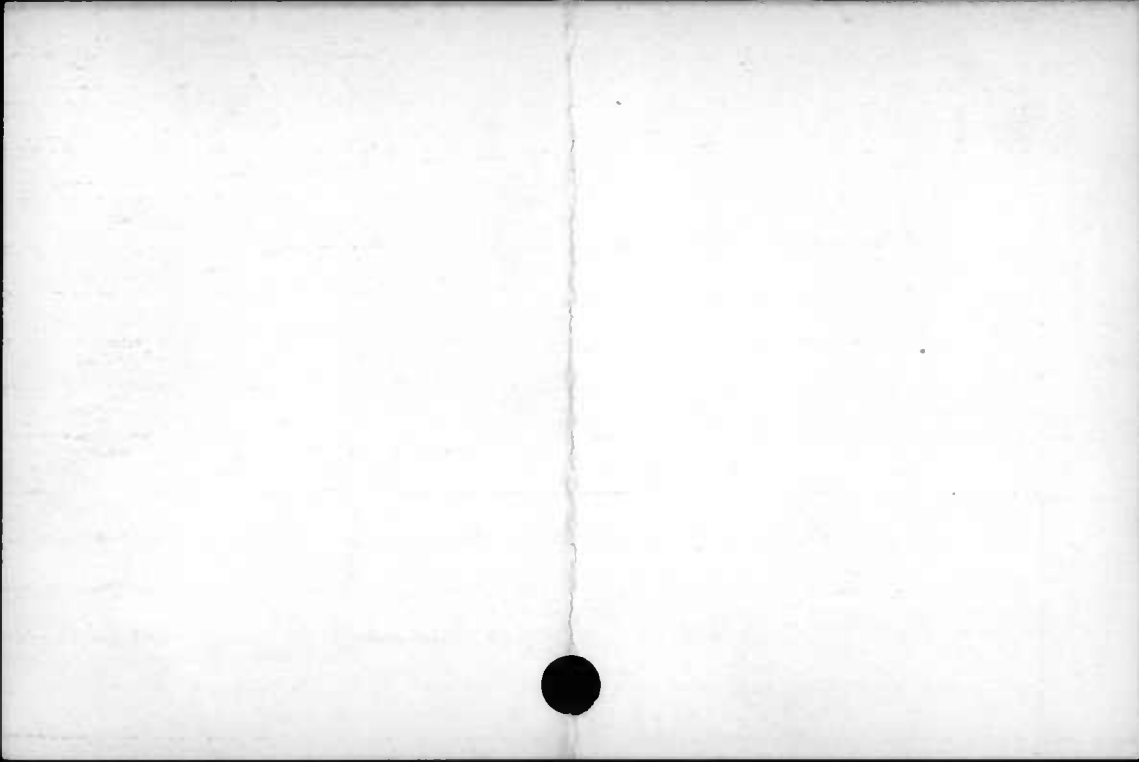
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1908	Month	Feb.	Day	24	Age
Sex		Male		Color or Race		white	
Occupation		Infant		Where Residing if not at place of death		A. A. Co., Ind.	
Married, Single or Widowed		Single		Name of Wife or Husband		none	
Father's Name		William R. Hall		Father's Birthplace		Ont., Canada	
Mother's Maiden Name		Katie E. Mooney		Mother's Birthplace		Albena, Ind.	
Name of person giving information		W. R. Hall		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still-born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Louis B. Hendel	
Address		Ann Arbor, Ind.	
Accident or Suicide?		Neither	





Name  
in  
Full

Math Hammerle

## CERTIFICATE OF DEATH

Died at Annapolis Town a a County

MARYLAND

Date of death 1908 Year Month 25 Day Age 88 Years Months Days

Sex Male Color or Race White Birth-place Germany

Occupation Retired Musician Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Augusta Hammerle

Father's Name Michael Hammerle Father's Birthplace Germany

Mother's Maiden Name Teresa Capper Mother's Birthplace

Name of person giving information Sophia Meinhof How related to deceased Daughter

## CAUSES OF DEATH

(91)

Primary Bronchitis &amp; Senility How long Several months

Immediate Heart Failure How long Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes (88) Signature of Physician or Coroner Chas. D. Senoff

Address

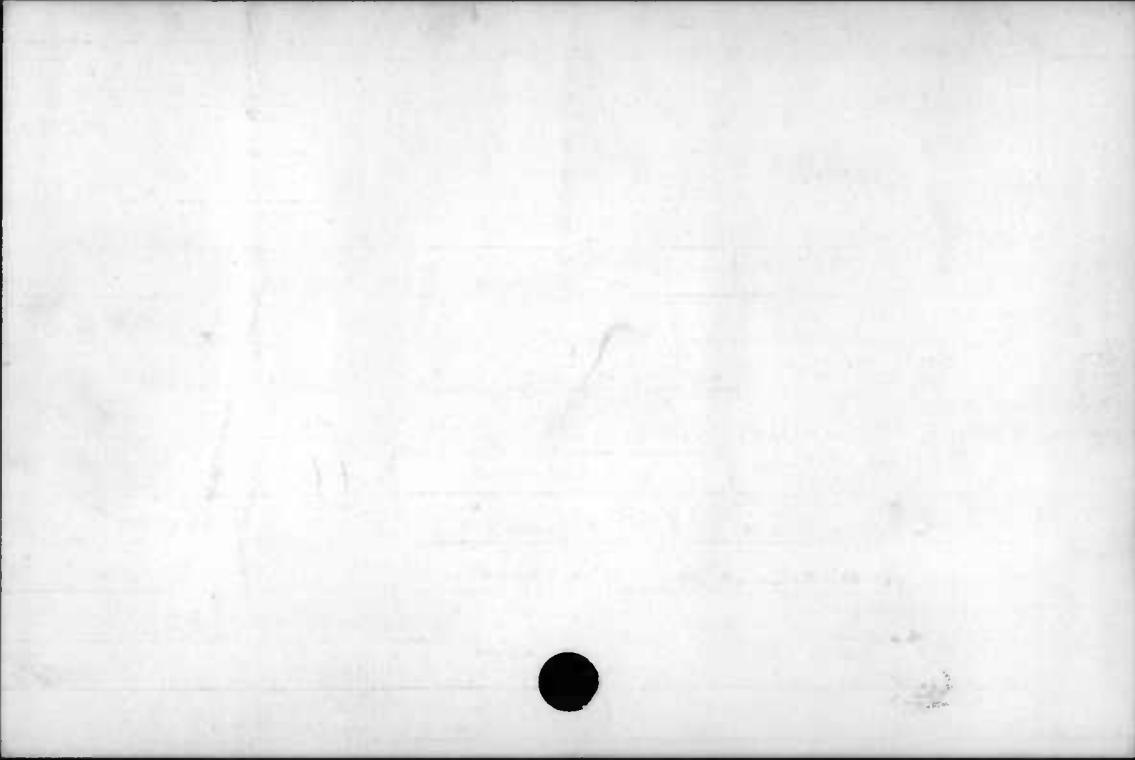
Accident or Suicide?

Neither Annapolis, Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		County <i>C.A.</i>		STATE <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>9</i>	Age <i>72</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>	
	Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Alexander Heart deceased</i>			
	Father's Name <i>Richard Thompson</i>	Father's Birthplace <i>Annapolis</i>			
	Mother's Maiden Name <i>Bettie Phipps</i>	Mother's Birthplace <i>C.A. Co., Md</i>			
	Name of person giving information <i>Ruth Heart</i>		How related to deceased <i>Daughter</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Endocarditis</i>		How long <i>years</i>		
	Immediate <i>Cardiac Asthenia</i>		How long <i>one week</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Louis B. Decker Jr</i>		
	Accident or Suicide? <i>Neither</i>		Address <i>Annapolis, Md</i>		



Name

In Full

William Frederick Converse Hasson,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

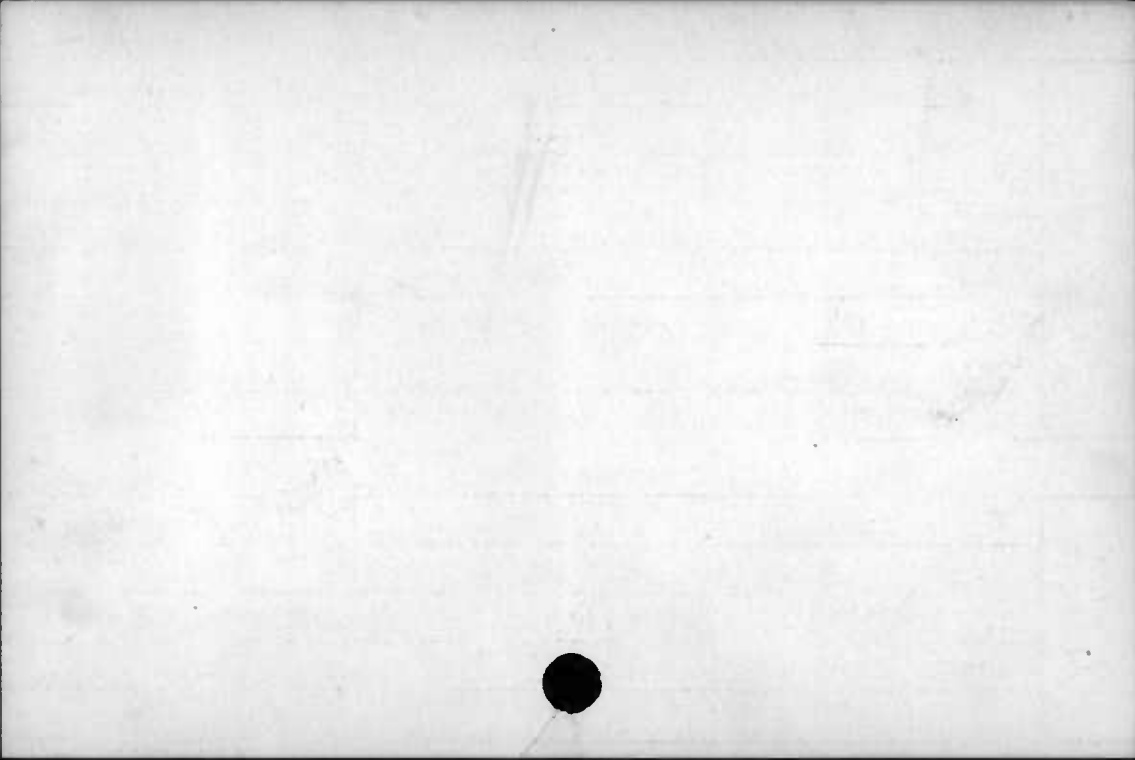
Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Feb.</u>	Day	<u>14</u>
Age	<u>50</u>	Years	<u>9</u>	Months	<u>3</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Kentucky</u>
Occupation	<u>Instructor, U.S. Naval Academy</u>		Where Residing if not at place of death <u>U.S. Naval Academy</u>		
Married, Single or Widowed	<u>Unknown</u>	Name of Wife or Husband	<u>Unknown</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Naval Academy Records</u>		How related to deceased	<u>—</u>	

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Alcoholism</u>	How long	<u>30 yrs.</u>
Immediate	<u>Delirium Tremens</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date, and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. W. Vickrey, M.D.</u>
		Address	<u>U.S. Naval Hospital</u> <u>Annapolis Md.</u>
Accident or Suicide?	<u>—</u>		



Name  
in  
Full

Florence A Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Fairfield. <sup>County</sup> Annie Arundel MARYLAND

Date of death 1908. <sup>Month</sup> Feb'y. <sup>Day</sup> 11<sup>th</sup> <sup>Years</sup> Age 36 - <sup>Months</sup> <sup>Days</sup>

Sex Female. Color or Race White. Birth-place Balto Co Md.

Occupation House wife. Where Residing if not at place of death Fairfield A. A. Co -

Married, Single or Widowed Married. Name of Wife or Husband Benj O Hastings.

Father's Name Wm Benj Hawkins. Father's Birthplace Balto Co Md.

Mother's Maiden Name Alice Barnsley. Mother's Birthplace Maryland

Name of person giving information Benj O Hastings. How related to deceased Husband.

## CAUSES OF DEATH

(42)

PHYSICIAN  
OR CORONER

Primary Carcinoma Uterine. How long Prob. 2 years

Immediate Anæsthesia Labor How long 9 mms.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. J. McDonald

Address 1305 Linden Ave

Accident or Suicide? no

Dr Brooks, Aug 2nd

Dr. McDonald

Sight near West } East

South  
5028 North

Feb 14/908.

sent at Henderson Park.



Name  
in  
Full

CERTIFICATE OF DEATH

~~Charles Henderson~~ *Charles Henderson*

Town

County

MARYLAND

Died at

*Annapolis*

*A.A. Co*

Date

of death 1908

Month

*Feb*

Day

*2*

Age

Years

Months

Days

Sex

*Male*

Color or  
Race

*Colord*

Birth  
place

*Germany*

Occupation

*Unknown*

Where Residing if not  
at place of death

*Berman Town*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*Unknown*

Father's  
Name

*Charles Henderson*

Father's  
Birthplace

*Germany*

Mother's  
Maiden Name

*Elizabeth Wallace*

Mother's  
Birthplace

*Germany*

Name of person giving  
In formation

*Charles Henderson*

How related  
to deceased

*Father*

CAUSES OF DEATH

**72**

Primary

*Trismus nascentium*

How long

*Four days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

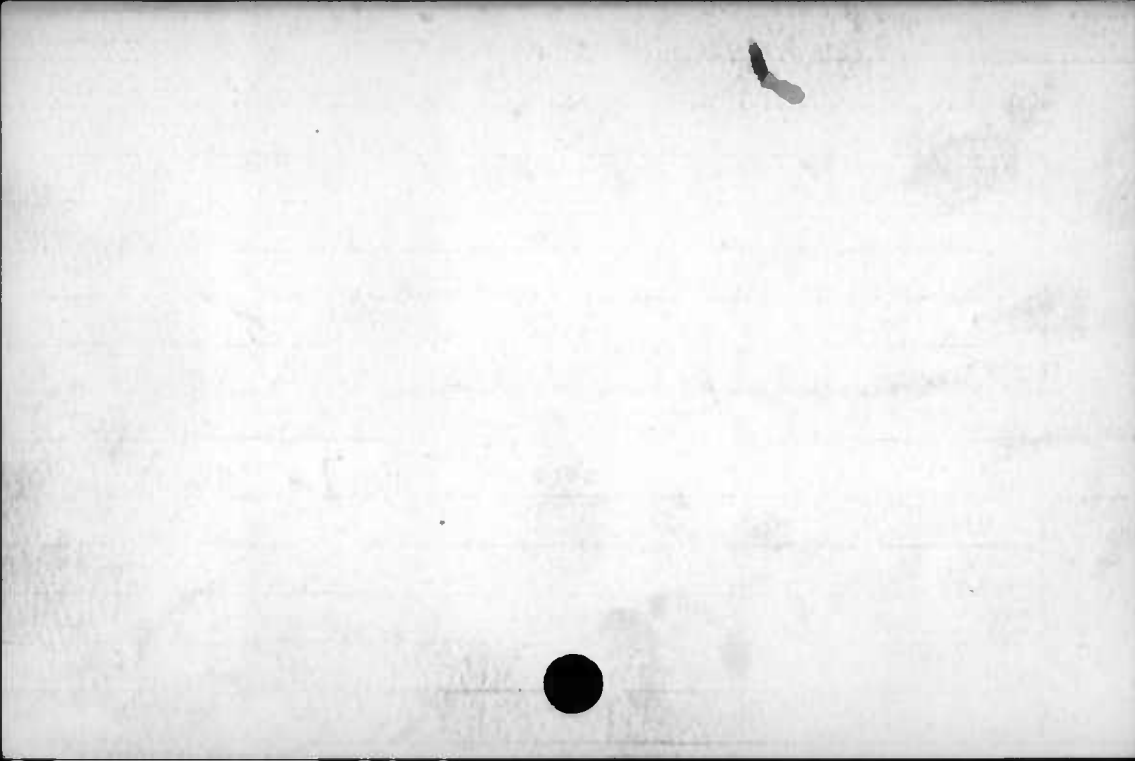
Address

*John Ridout, M.D.  
Annapolis  
Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in  
Full

Frank Hodak

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

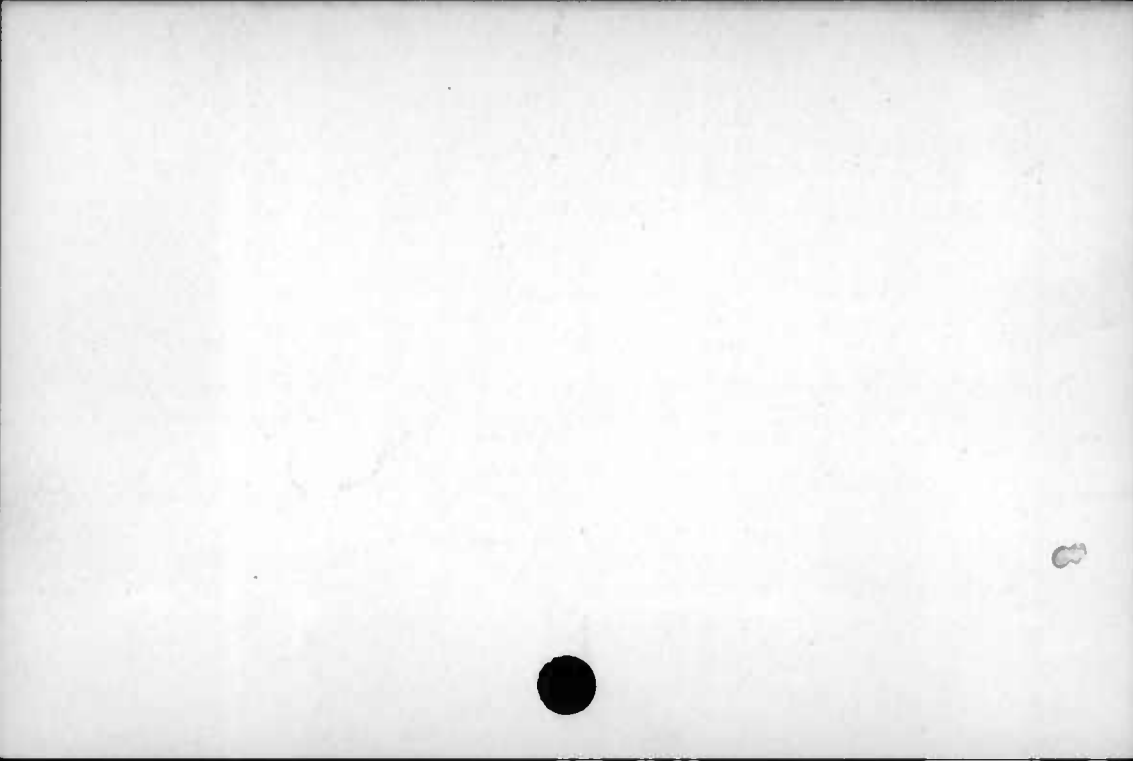
Died at <i>Balti'</i>		Town <i>A</i>		County <i>A</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb'y</i>	Day	<i>7</i>	Age	<i>Years</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind</i>	Months	<i>19</i>
Occupation	<i>-</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed	<i>-</i>			Name of Wife or Husband <i>-</i>			
Father's Name	<i>Michael Hodak</i>			Father's Birthplace <i>Bohemian</i>			
Mother's Maiden Name	<i>Marie Strahova</i>			Mother's Birthplace <i>"</i>			
Name of person giving information	<i>Marie Strahova</i>			How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. B. Horton MD</i>
		Address	<i>So. Balto, Md.</i>
Accident or Suicide? <i>-</i>			



Name  
in  
Full

Mary. Hogan

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

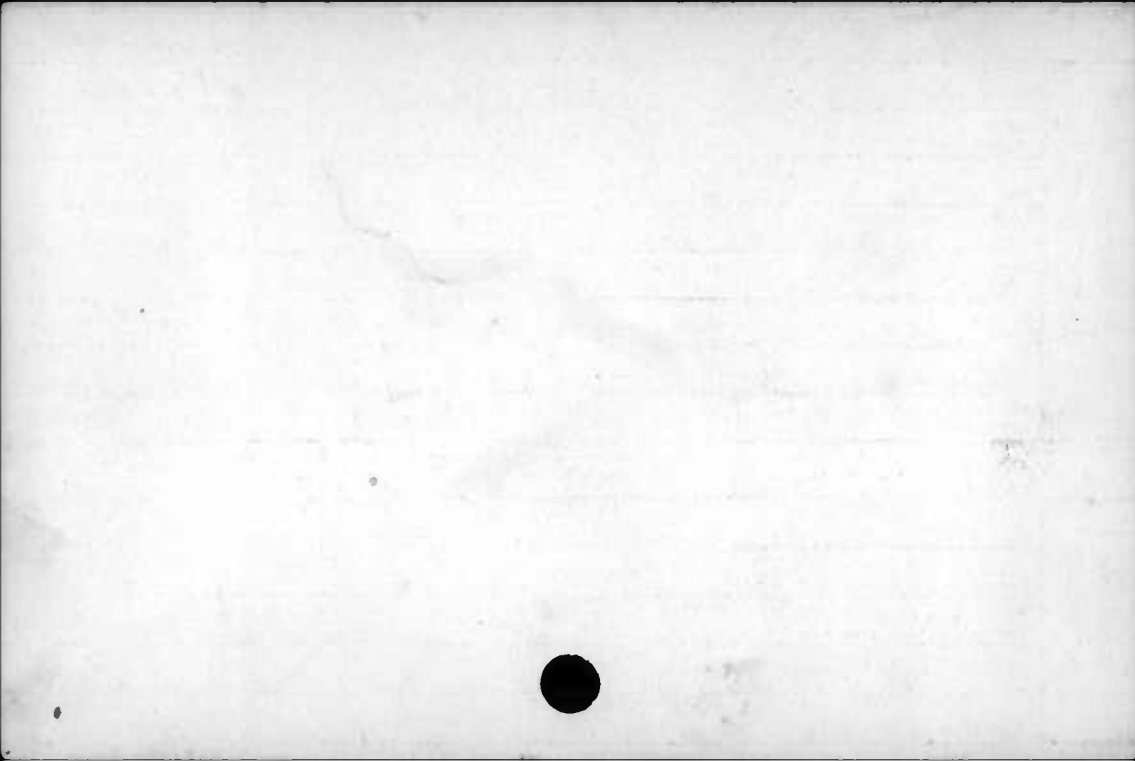
Died at <i>Annapolis</i>		Town		County <i>Prince Anne</i>	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>23</i>	Age <i>87</i>	Years
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ferdinand Hogan</i>			
Father's Name <i>Thomas Cummings</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Bridget Ward</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mary Melville</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile</i>	How long
Immediate	<i>Stroke</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>
		Address <i>[Signature]</i>
Accident or Suicide?		



Name  
in  
Full

Andrew Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>County Home</i>		Town <i>County</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>11</i>		Years <i>Age 25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Machinist</i>				Where Residing If not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>4 1/2 months</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Collins</i>
<i>yes</i>	Address <i>South River Md.</i>
Accident or Suicide?	





Name  
in  
Full

Elizabeth Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

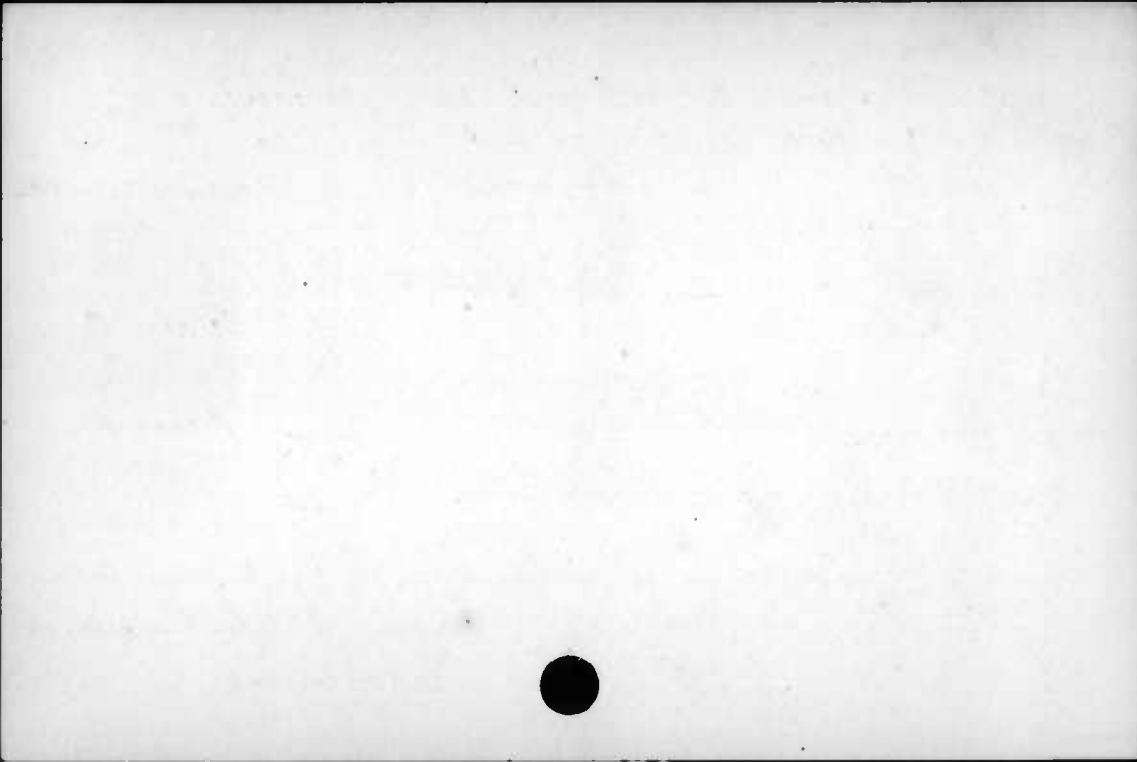
Died at		Town Marley P. O., 3 <sup>rd</sup> dist.		County Anne Arundel		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb.	4		26	X	X
Sex		Color or Race		Birth-place			
Female		Colored		Anne Arundel Co.			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		James Johnson					
Father's Name		Father's Birthplace					
Silas Spencer		A. A. Co.					
Mother's Maiden Name		Mother's Birthplace					
Rebecca Spencer		A. A. Co.					
Name of person giving information		How related to deceased					
James Johnson		Husband.					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary		How long	
Pulmonary Tuberculosis		Eight months	
Immediate		How long	
Heart failure		One week.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		James S. Belinghrie MD	
		Address	
		Armiger	
		Md.	
Accident or Suicide?			
No			



Name  
in  
Full

Clonza Johnson

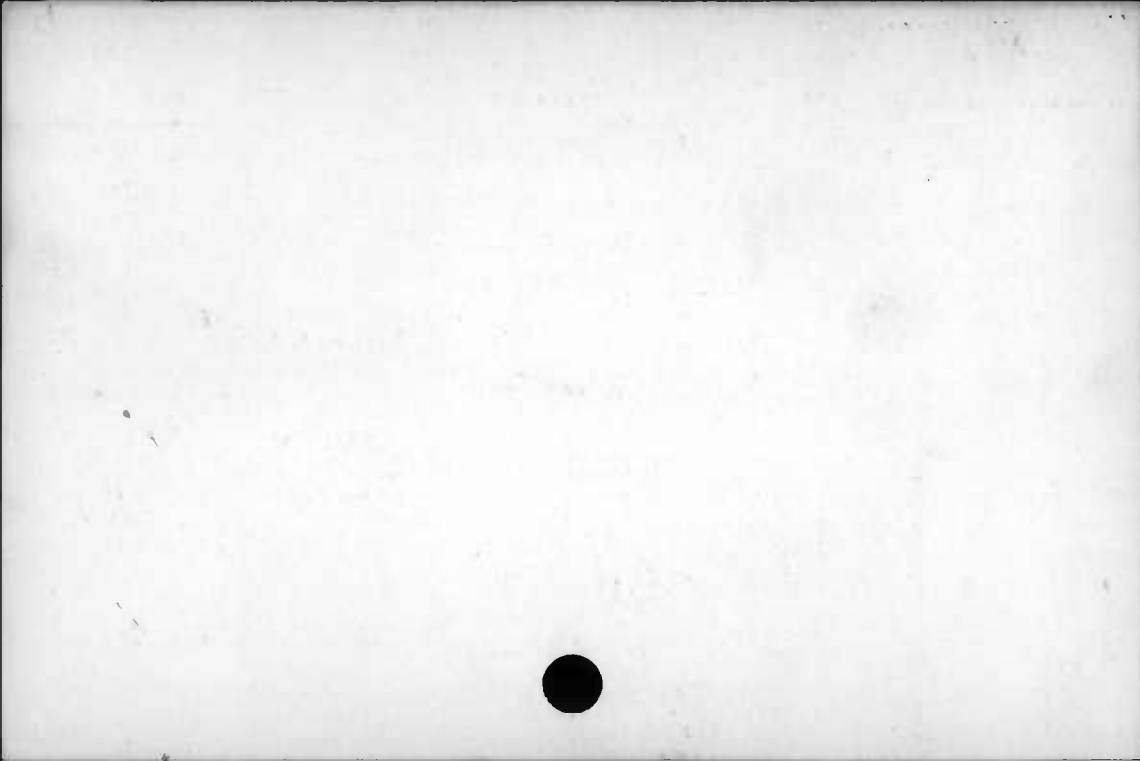
## CERTIFICATE OF DEATH

Died at		Lake Shore P.O. 344		County		Anne Arundel		MARYLAND											
Date of death		1908 Feb.		Day		V		Age		51		Months		3		Days		6	
Sex		Male		Color or Race		Colored		Birth-place		Anne Arundel Co.									
Occupation				Farmer				Where Residing if not at place of death											
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth Johnson													
Father's Name		Ely Johnson						Father's Birthplace		A.D. Co.									
Mother's Maiden Name		Unknown						Mother's Birthplace		Unknown									
Name of person giving information		Josh. Kelley						How related to deceased		Friend									

## CAUSES OF DEATH

36

Primary		Syphilis		How long		10 years	
Immediate		Syphilitic Luerma		How long		6 months	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		James S. Bellingsplean MD	
				Address		Armiger	
Accident or Suicide?		No				M &	



Name In Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Edward Jones.		A - A -		MARYLAND
	Died at <sup>Town</sup> Annapolis		County		
	Date of death	1908	Month	Feb.	Day
	14		Age	Years	Months
	9.		Days		
	Sex	Male	Color or Race	Colored	Birth-place
	Annapolis		Occupation		Unknown
Where Residing if not at place of death		103 Washington St			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single	Name of Wife or Husband	unknown.	
	Father's Name	Solomon Cassaway		Father's Birthplace	Annapolis
	Mother's Maiden Name	Hester Johnson		Mother's Birthplace	Annapolis
	Name of person giving information	Hester Johnson		How related to deceased	Mother
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Marasmus		How long	Months
	Immediate	Exhaustion		How long	Gradual
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Ridout
	yes		Address		Annapolis Md
	Accident or Suicide?				

179

adbury

Name  
in  
Full

Ellen Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at East Port Town Anne Arundel County MARYLAND

Date of death 1908 Month July Day 22 Age 44 Years Months Days

Sex Female Color or Race Colored Birth-place East Port

Occupation  Where Residing if not at place of death East Port

~~Married, Single~~ Widow Name of Wife or Husband

Father's Name Samuel Jones Father's Birthplace A.A.C.

Mother's Maiden Name Sarah Darts Mother's Birthplace A.A.C.

Name of person giving information father How related to deceased

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary Meningitis How long several weeks

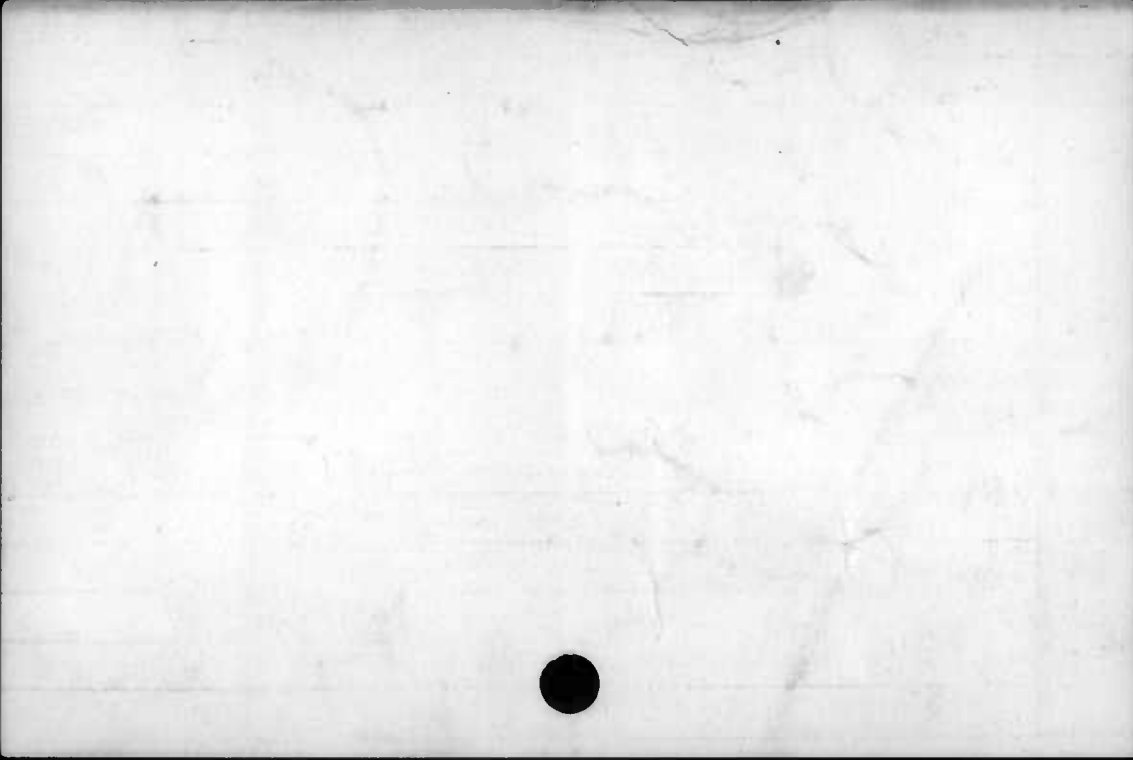
Immediate Assthenia How long gradual

Are the name, age, sex, color, date and place correctly given above?

yes Signature of Physician John Ridout

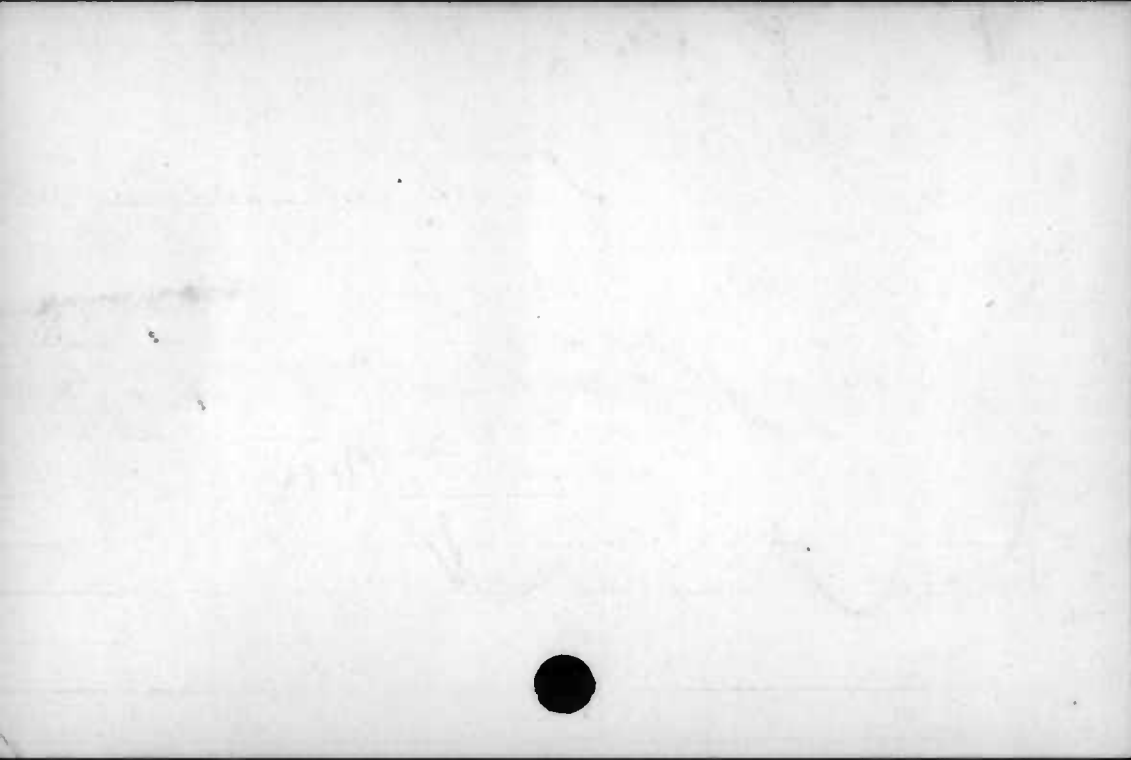
H Address Annapolis

Accident or Suicide? no





Name in Full <b>Henry Jones</b>		County <b>AA</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b>		Town <b>Annapolis</b>		MARYLAND	
Date of death <b>1908 Feb 11</b>		Month <b>Feb</b>		Day <b>11</b>	
Age <b>30</b>		Years <b>30</b>		Months <b>—</b>	
Sex <b>Male</b>		Color or Race <b>C. clard</b>		Birthplace <b>Annapolis</b>	
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>71 E. Bay St</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary Jane Jones</b>			
Father's Name <b>Lorenza Jones</b>		Father's Birthplace <b>Annapolis</b>			
Mother's Maiden Name <b>Mary Jones</b>		Mother's Birthplace <b>Annapolis</b>			
Name of person giving information <b>Lorenza Jones</b>		How related to deceased <b>Father</b>			
CAUSES OF DEATH					
Primary <b>Nephritis</b>		How long <b>Six weeks</b>			
Immediate <b>Heart Failure</b>		How long <b>—</b>			
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>John Ridout M.D.</b>			
Address <b>Annapolis Md</b>		Address <b>Annapolis Md</b>			
Accident or Suicide?					



Name  
in  
Full

William Lovelace Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

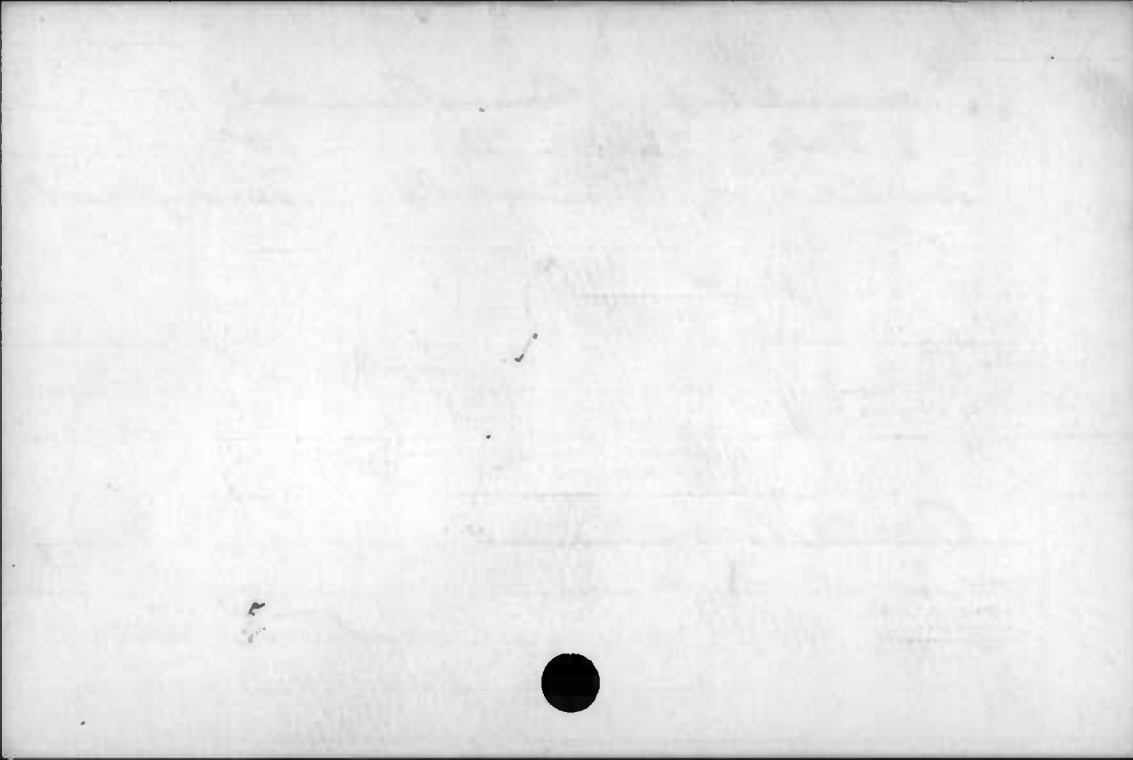
Died at <u>Annapolis</u> <small>Town</small>		<u>Ad</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>		<u>Feb.</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>5-7</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Providence R. I.</u>			
Occupation <u>Waterman</u>		Where Residing if not at place of death <u>                    </u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Alice Jones</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Mamie Adams</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

67

PHYSICIAN  
OR CORONER

Primary <u>Progressive Paralysis</u>	How long <u>Months</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name  
in  
Full

Samuel Philanders Kent

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendship</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>Feb</i>	Day	<i>26</i>
Age	<i>0</i>	Years	<i>0</i>	Months	<i>10</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>James Kent</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>James Kent</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>About 10 days</i>
Immediate	<i>Broncho pneumonia. Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Compton Wilson M.D.</i>
		Address	<i>Jewell</i>
			<i>Anne Arundel Co</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Tom D Lee* Town *near Annapolis* County *Ac* MARYLAND

Died at *near Annapolis*

Date of death *1908 Feb 21* Age *68* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ac Co Md*

Occupation *Retired farmer* Where Residing if not at place of death *Ac Co Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Isabella Lee*

Father's Name *Stephen L Lee* Father's Birthplace *Ac Co Md*

Mother's Maiden Name *Caroline S Duneau* Mother's Birthplace *Ac Co Md*

Name of person giving information *Tom Lee* How related to deceased *Son*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *1 month*

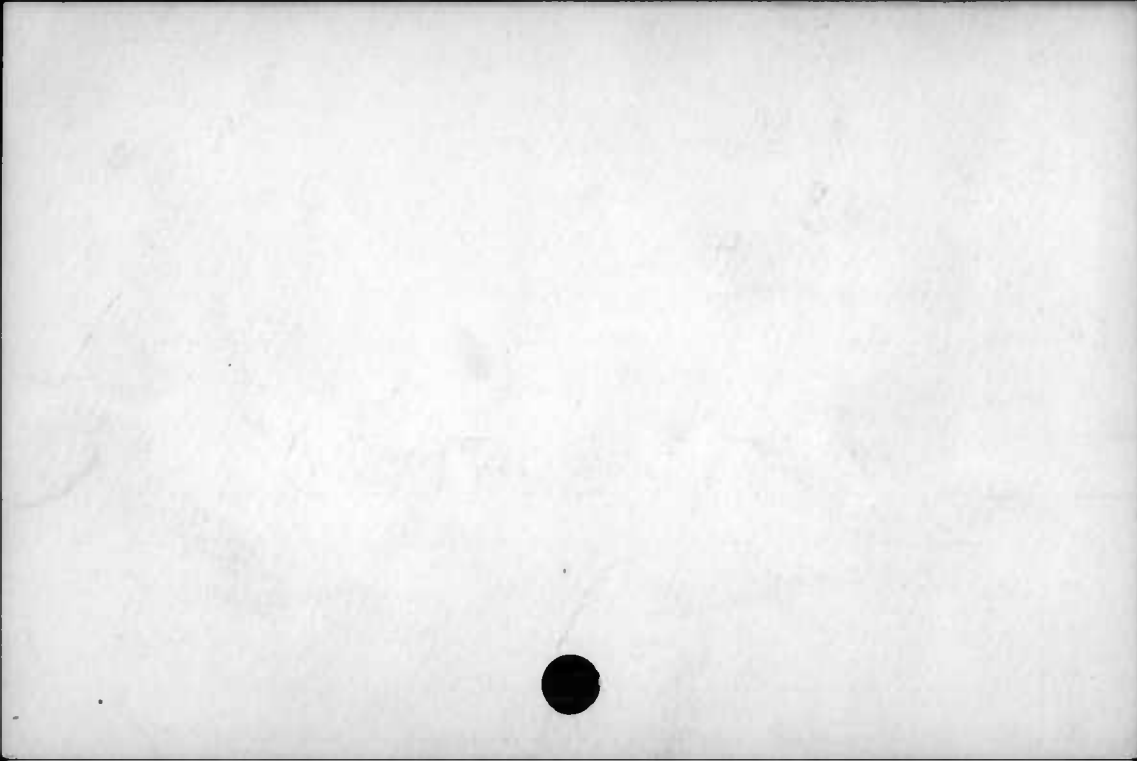
Immediate *24 hours* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. Murphy*

Address *Annapolis Md*

Accident or Suicide? ☒





Name

in  
Full

William Walter Lowe,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>26</i>	Age <i>31</i>	Months <i>5</i>	Days <i>26</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Cadiz, Ohio.</i>	
Occupation <i>Private, U. S. M. C.</i>		Where Residing if not at place of death <i>26, S. S. Severn, Annapolis, Md.</i>			
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband _____			
Father's Name <i>John A. Lowe</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Naval records</i>		How related to deceased _____			

## CAUSES OF DEATH

(56)

PHYSICIAN  
OR CORONER

Primary <i>Acute alcoholism</i>	How long <i>24 hours</i>
Immediate <i>Cerebral congestion.</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Vickery, M.D.</i>
	Address <i>U. S. Naval Hospital, Annapolis, Md.</i>
Accident or Suicide? _____	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

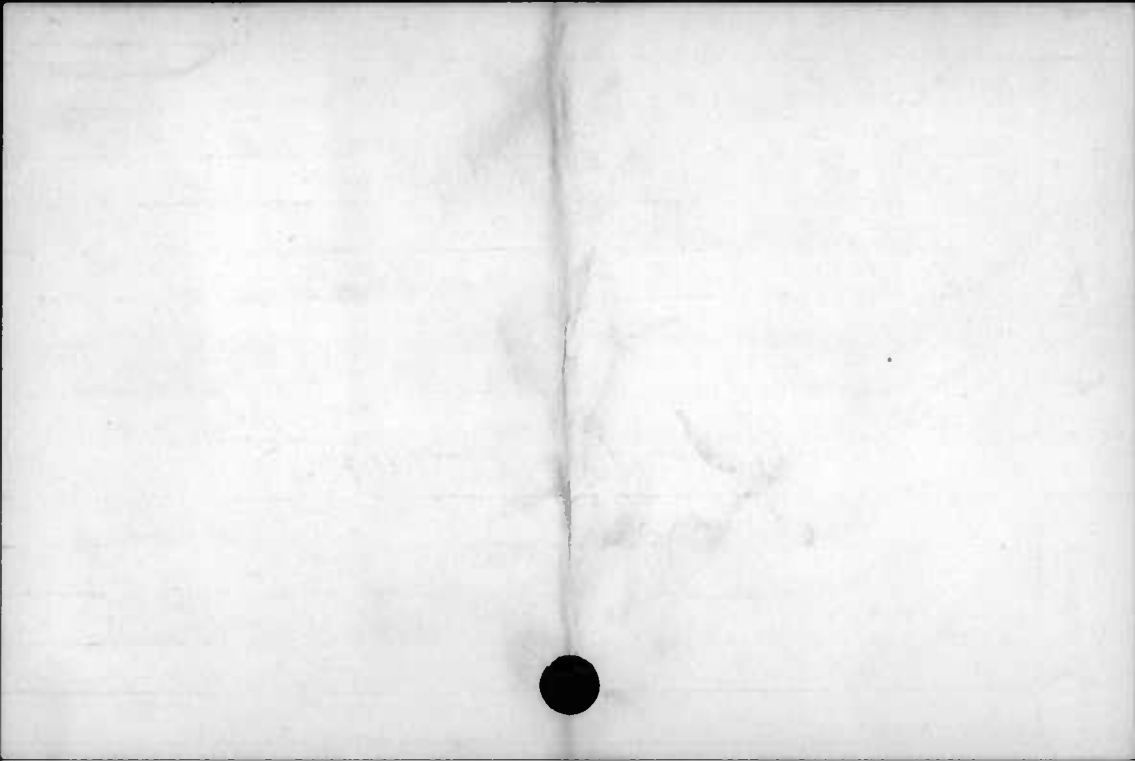
Name in Full <i>Hannah Martin</i>		Town <i>Annapolis</i>		County <i>Co</i>		MARYLAND	
Died at <i>Annapolis</i>		<i>A.A</i>		Age <i>60</i>		Months <i>6</i>	
Date of death <i>1908 Feb</i>		Month <i>2</i>		Day <i>3</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kullman Roe</i>		Days <i>—</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Kullman Roe</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Sam Martin</i>		Father's Birthplace <i>North Carolina</i>					
Mother's Maiden Name <i>Allie Burley</i>		Mother's Birthplace <i>Dover, N.C.</i>					
Name of person giving information <i>Sam Martin</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout M.D.</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



In Full

CERTIFICATE OF DEATH

Jane Mathews

Died at County Home

Anne Arundel

MARYLAND

Date of death 1908 Feb.

Day 16

Age 70

Months

Days

Sex Female

Color or Race Colored

Birth-place Maryland

Occupation Ho Cook

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of Wife or Husband Unknown

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Insanity

68

How long 3 years

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician John Collinson

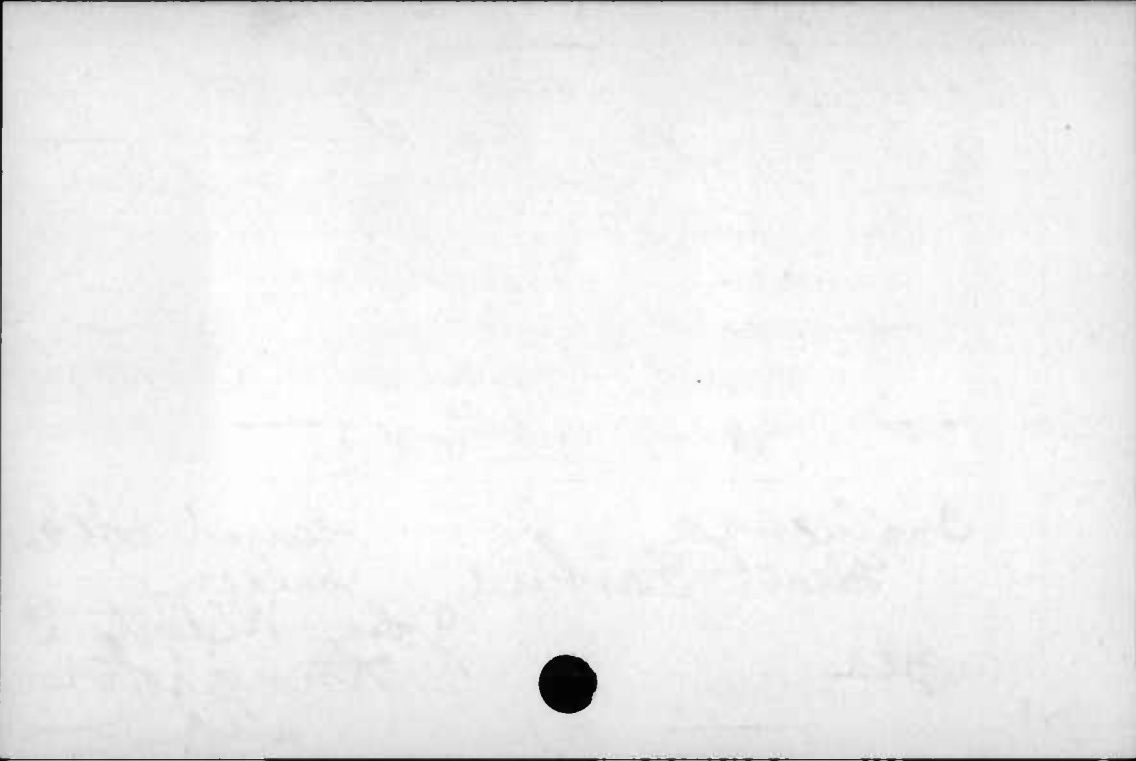
Address South River Md.

Yes

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name  
in  
Full

Pasquale Mongillo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hanover P.O.		County Anne Arundel		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		2	2		50	8	28
Sex		Color or Race		Birth- place			
Male		Italian		Italy			
Occupation		Where Residing if not at place of death					
Trucker							
Married, Single or Widowed		Name of Wife or Husband					
Married		Mary Addea					
Father's Name		Father's Birthplace					
James Mongillo		Italy					
Mother's Maiden Name		Mother's Birthplace					
Annie Cachillo		Italy					
Name of person giving In formation		How related to deceased					
M. Addea		Wife					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	8 days
Immediate	Aortic Incompetence	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos. P. Benson	
		Address	
		Hanover Md.	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

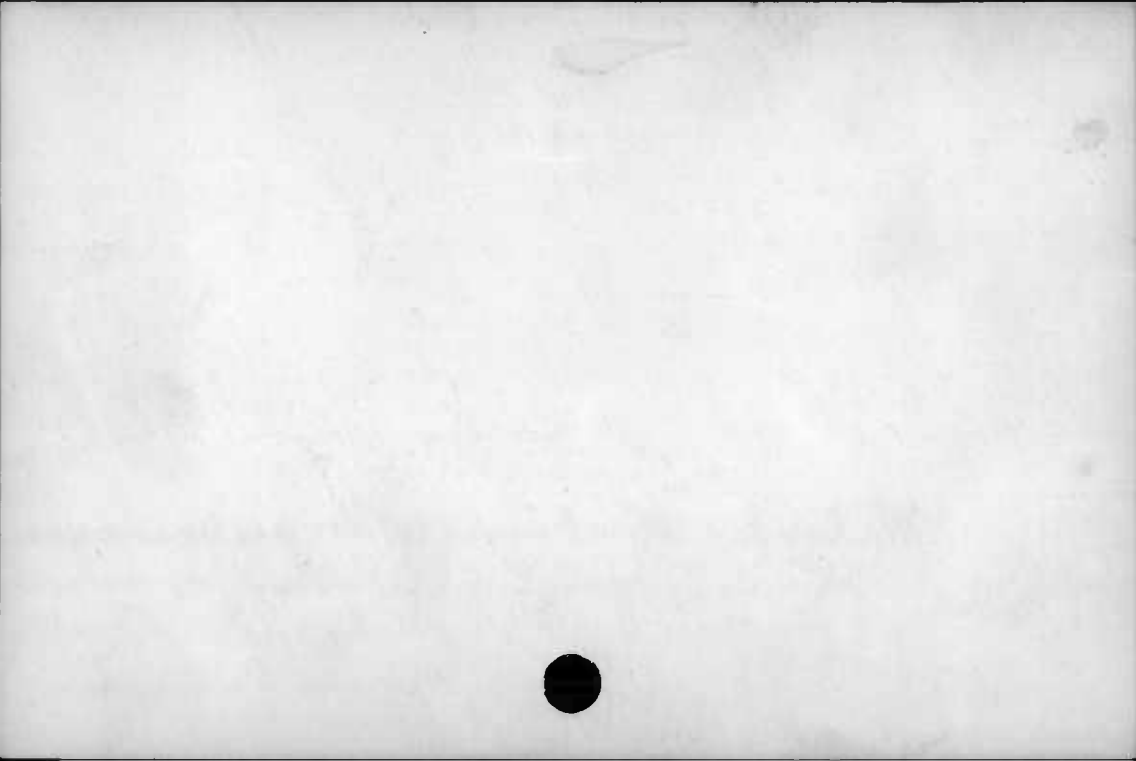
Name in Full <b>Hazel A. Murcher</b>		Town <b>Ann Arbor</b>		County <b>Ann Arbor</b>		State <b>MARYLAND</b>	
Died at <b>Ann Arbor</b>		Date of death <b>1908 Feb 17</b>		Age <b>60</b>		Months <b>00</b>	
Sex <b>Female</b>		Color & Race <b>Colored</b>		Birth-place <b>Ala Comd</b>			
Occupation <b>Domestic</b>		Where Residing if not at place of death <b>33 Calvert St</b>					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Peter Brock</b>					
Father's Name <b>Benjamin Anderson</b>		Father's Birthplace <b>Ala Co. Ind</b>					
Mother's Maiden Name <b>Hazel Brooks</b>		Mother's Birthplace <b>Ala Co. Ind</b>					
Name of person giving information <b>Hannie Bell</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <b>Influenza</b>	How long <b>Several weeks</b>
Immediate <b>Heart Failure</b>	How long <b>Sudden</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>John Kidont</b>
	Address <b>Ann Arbor</b>
Accident or Suicide?	<b>Ind</b>



Name  
in  
Full

Charles James Murphy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

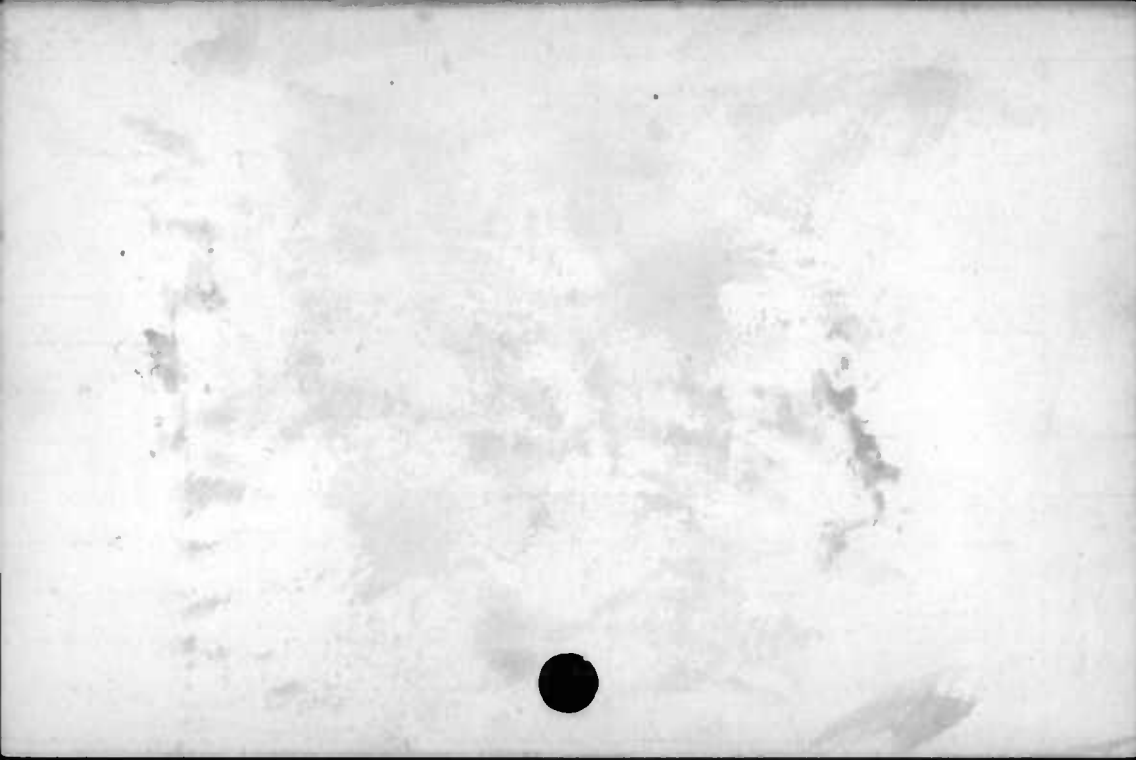
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>February</i>	Day <i>Monday</i>	Years <i>about 66</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Eastport, Me.</i>	
Occupation <i>Chief Boatswain U.S.N.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Caroline C. Murphy</i>			
Father's Name <i>Benj. Murphy</i>			Father's Birthplace <i>Eastport, Me.</i>		
Mother's Maiden Name <i>Margaret Murphy</i>			Mother's Birthplace <i>Eastport, Me.</i>		
Name of person giving information <i>John T. Russell</i>			How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Heart Trouble &amp; Dropsy over a year</i>	How long
Immediate	<i>Heart Failure (Sudden) few moments</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes.</i>		<i>Charles B. Gentel</i>
		Address
		<i>Annapolis, Md.</i>
Accident or Suicide? <i>Neither.</i>		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Annie Ottschaper

Died at *Fairfield* TownCounty *aa*

MARYLAND

Date of death *1908* Month *2*Day *17*Age *53* Years

Months

Days

Sex *Female*

Color or Race

*white*

Birthplace

*Pr -*

Occupation

*None*

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Chas Ottschaper*

Father's Name

*Don't know*

Father's Birthplace

*Don't know*

Mother's Maiden Name

*Don't know*

Mother's Birthplace

*Don't know*

Name of person giving information

*Chas Ottschaper*

How related to deceased

*Husband*

## CAUSES OF DEATH

64

Primary

*apoplexy*

How long

*6 hrs*

Immediate

How long

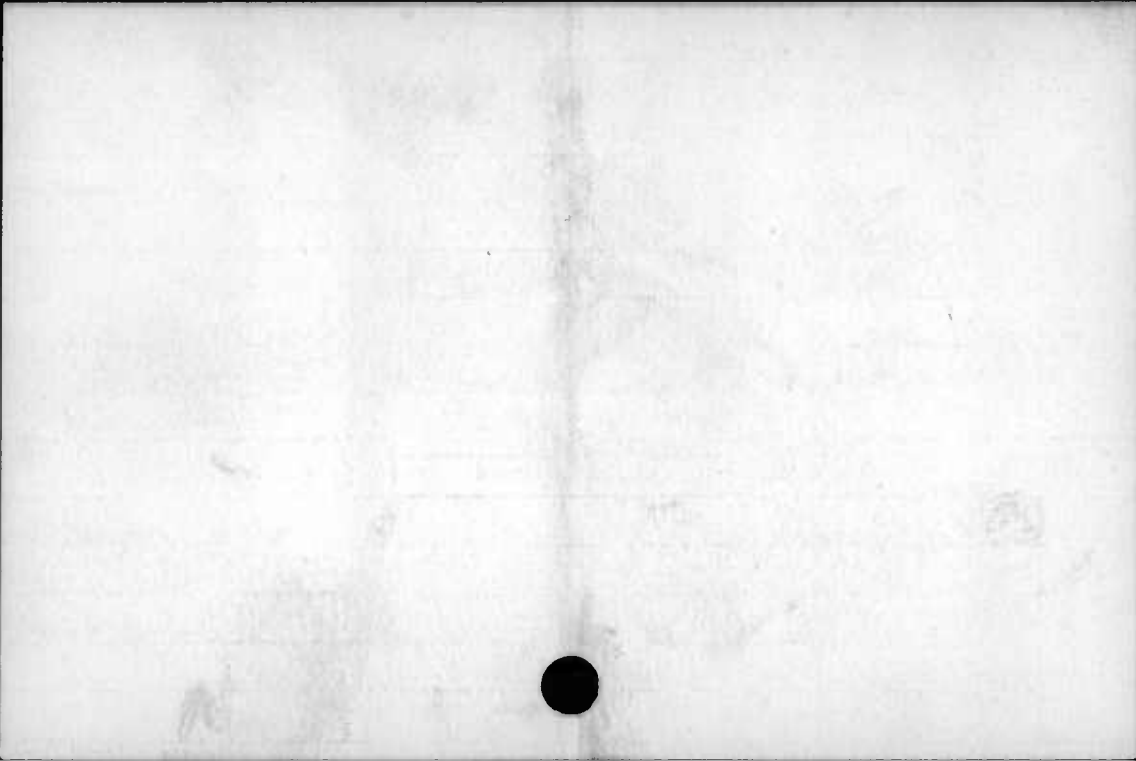
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Chas H Brooke*  
*Brooklyn*

Accident or Suicide?



Name  
in  
Full

Laura Virginia Pratt

CERTIFICATE OF DEATH

Town

County

Died at *Armiger P.O. 324 dist. Anne Arundel* MARYLAND

Date of death 1908 Feb. 9 Age 38 Months 9 Days 23

Sex Female Color or Race Colored Birth-place Anne Arundel Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Emory Pratt

Father's Name Harry Green Father's Birthplace A.A. Co.

Mother's Maiden Name Eliza Johnson Mother's Birthplace A.A. Co.

Name of person giving information John C. Pratt How related to deceased Husband.

## CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long Six months

Immediate Heart Failure How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

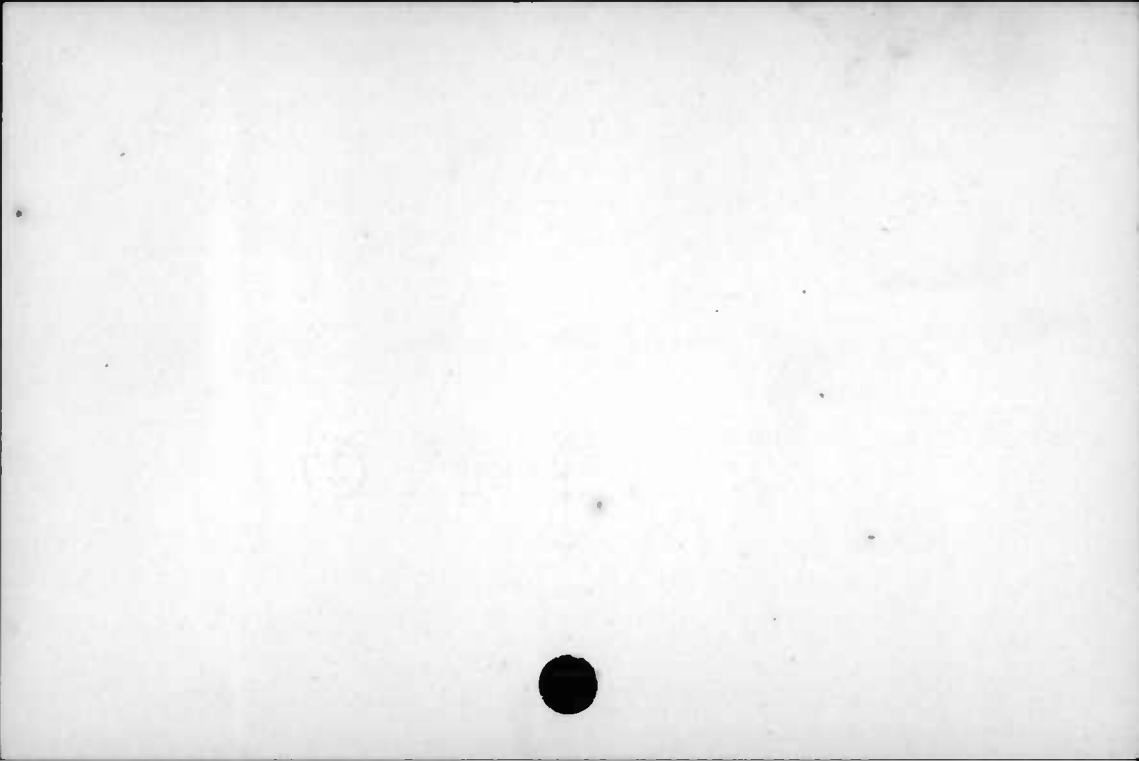
Address

James S. Belknap MD

Armiger Md

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Wesley Ring

Town

County

MARYLAND

Died near Elk Ridge

in Anne Arundel

Date

Month

Day

Years

Months

Days

of death 1908

February

10

Age

62

10

22

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of death

A. A. Co. Md.

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Elizabeth Ring

Father's  
Name

Dennis Ring

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Eliza Caples

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Clinton Ring

How related  
to deceased

Son

## CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

3 years

Immediate

inanition &amp; exhaustion

How long

6 mos.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

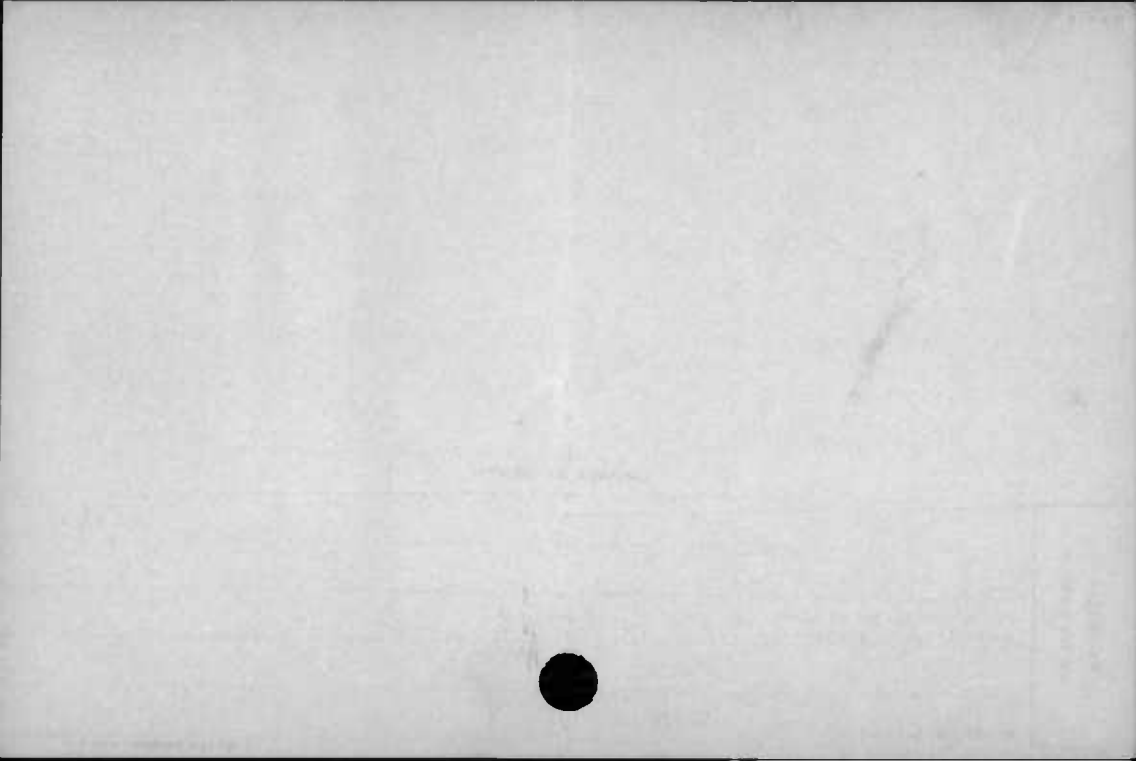
W. R. Eareckson

Address

Elk Ridge Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

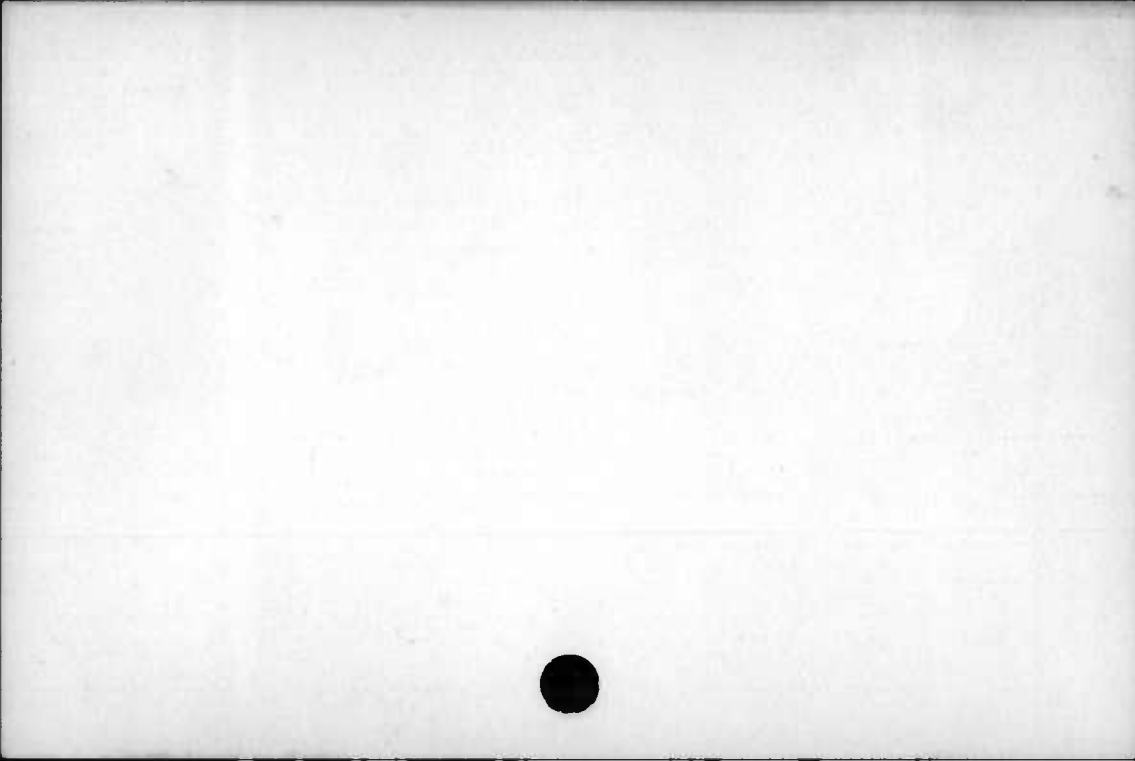
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Margaret's</i>		Town <i>St. Margaret's</i>		County <i>A. A. Co.</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>February</i>	Day <i>6</i>	Age <i>20</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>A. A. Co. Md.</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Robinson</i>		Father's Birthplace <i>A. A. Co. Md.</i>					
Mother's Maiden Name <i>Maria Hall</i>		Mother's Birthplace <i>A. A. Co. Md.</i>					
Name of person giving information <i>Samuel R. Colbert</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Zyphoid Fever</i>	How long <i>12 days</i>
Immediate <i>Heart failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Redmond M.D.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	<i>R. S. Redmond</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

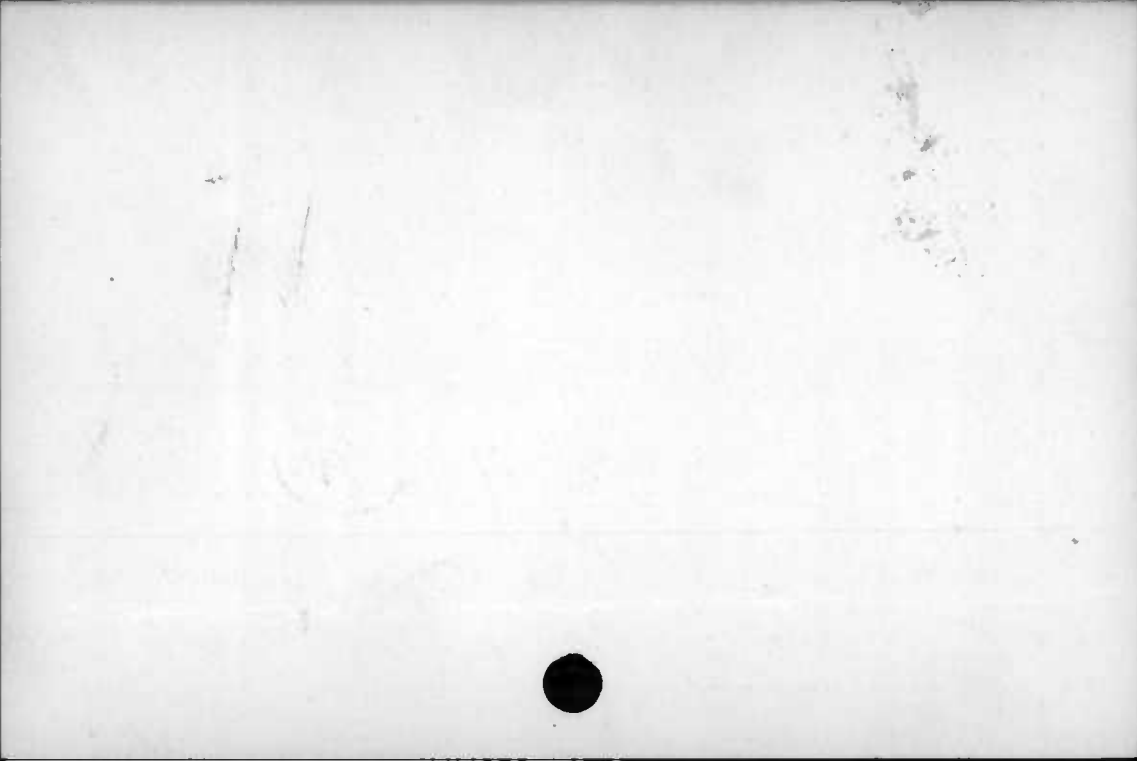
Name in Full <i>Anna Royal Kae</i>		Town <i>S. Baltimore</i>		County <i>A. A.</i>		MARYLAND	
Died at <i>S. Baltimore</i>		Date of death <i>1908 Feb 4</i>		Age <i>47</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Palamo</i>		Days <i>—</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death <i>S. Baltimore</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Royal Kae</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Blayze Hockee</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary <i>Congestion, Lung's</i>	How long <i>2 days</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton M.D.</i>
	Address <i>30. Baltimore, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Louise Rogers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

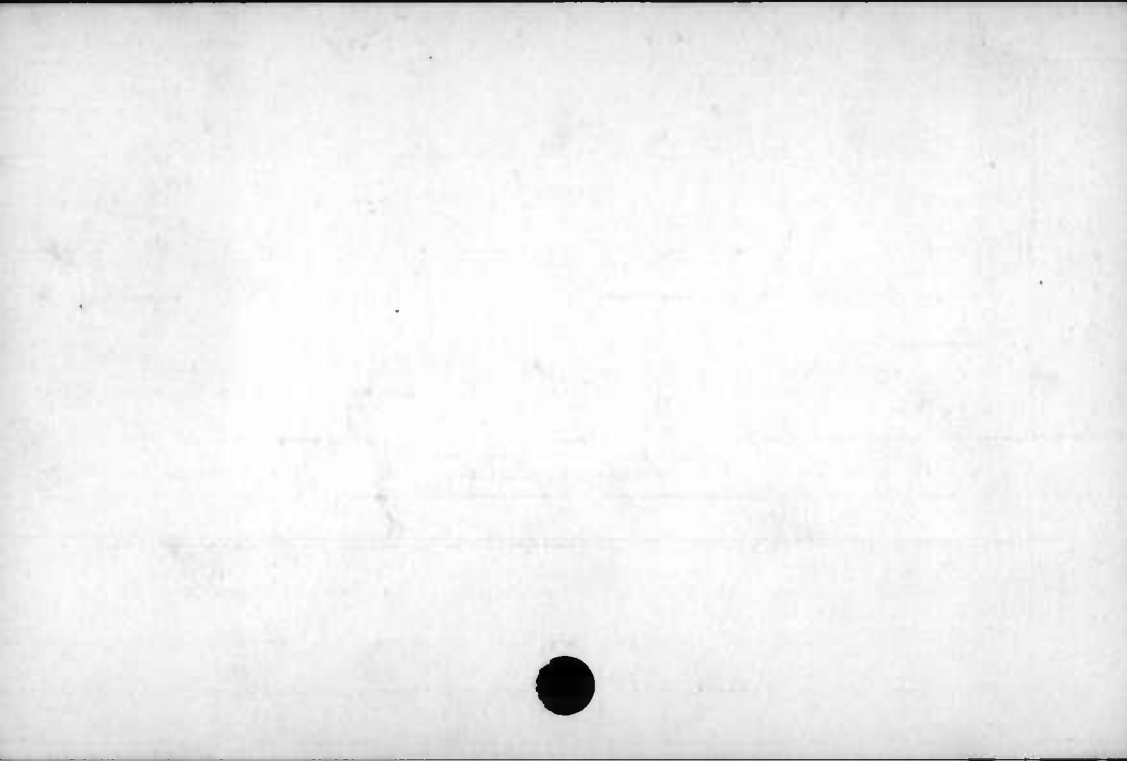
Died at		Town South Baltimore		County Anne Arundel		MARYLAND	
Date of death	1908	Month Feb	Day 23	Age 17	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	unknown
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Single							
Father's Name	unknown			Father's Birthplace			
			unknown				
Mother's Maiden Name	unknown			Mother's Birthplace			
			unknown				
Name of person giving information	George Thomas			How related to deceased			
			none				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Gallipain Consumption	How long	1 month
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Glasehel Coroner
		Address	South Baltimore
			A. A. Co. med
Accident or Suicide?			





Name  
in  
Full

August Schuster

## CERTIFICATE OF DEATH

MARYLAND

Died at *Brooklyn* TownCounty *Brooklyn*Date of death *1908* Month *2* Day *9*Age *44* Years

Months

Days

Sex *Male*Color or  
Race*white*Birth-  
place*ger -*

Occupation

*Saloon Keeper*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Amelia Jackerman*Father's  
Name*Aug. Schuster*Father's  
Birthplace*ger*Mother's  
Maiden Name*Shannah Schuster*Mother's  
Birthplace*ger*Name of person giving  
information*Jos. Schuster*How related  
to deceased*Brother*

## CAUSES OF DEATH

93

Primary

*Pneumonia*

How long

*3 days*

Immediate

*Heart Failure*

How long

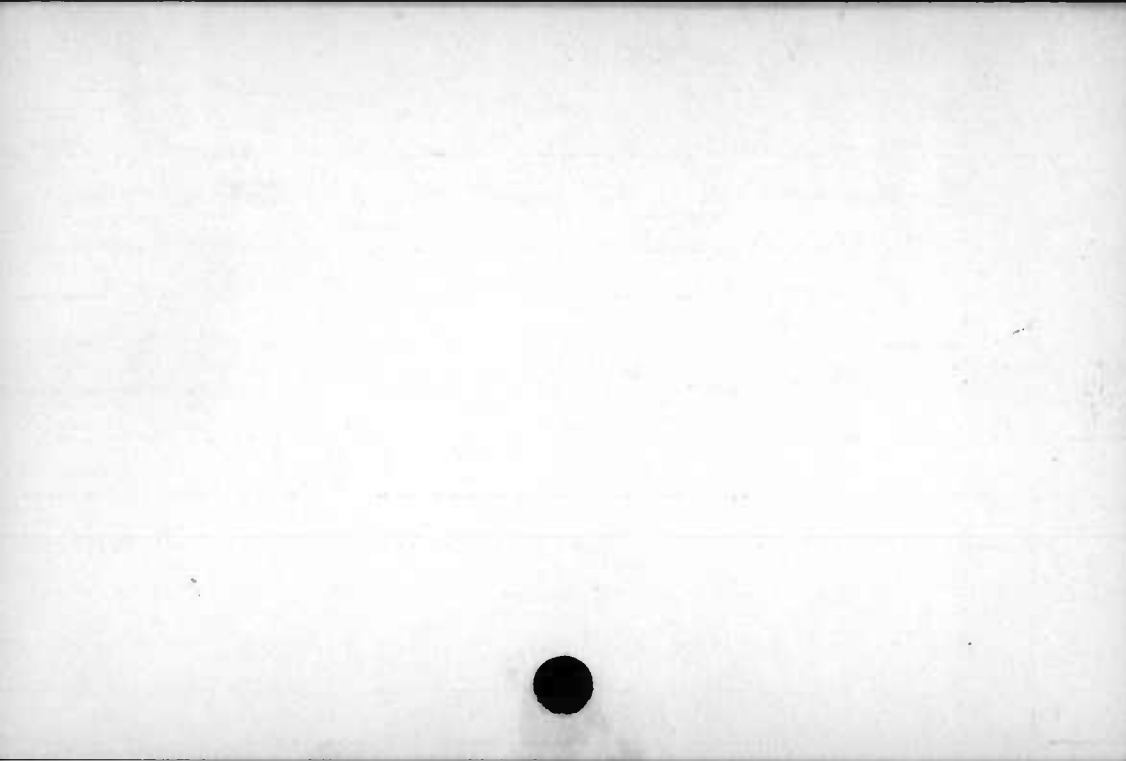
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas. A. Brooke*

Address

*Brooklyn*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
*H*

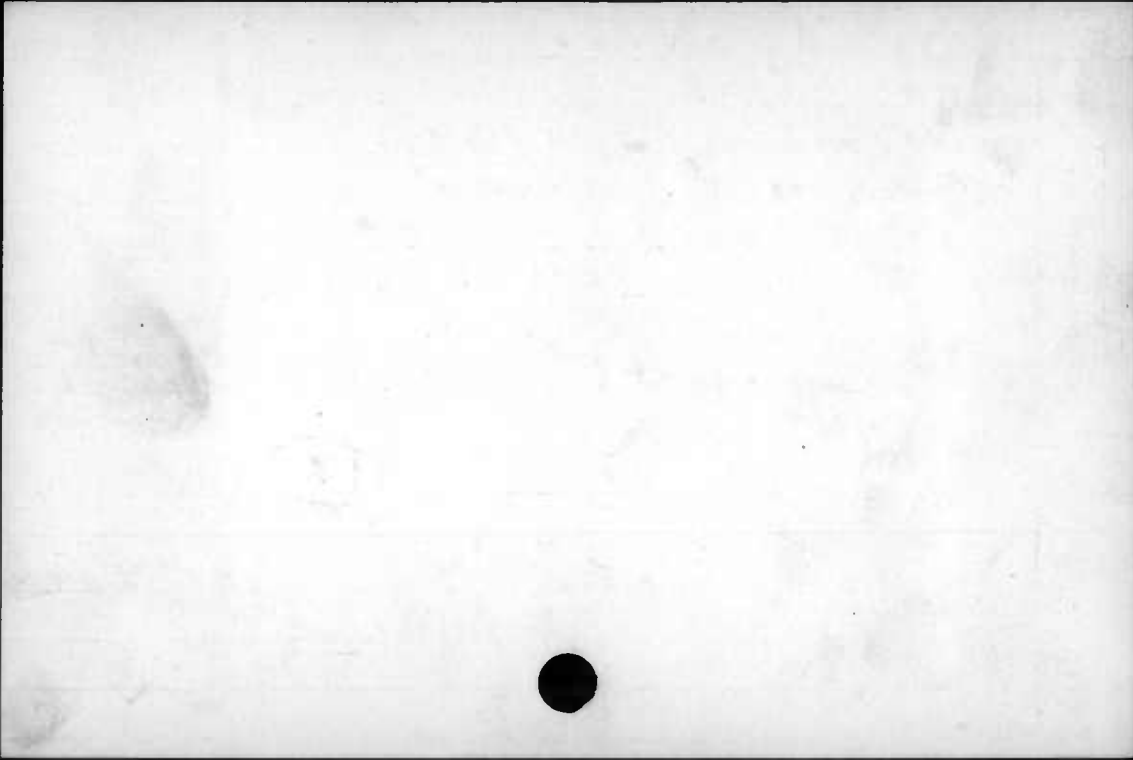


Name in Full		CERTIFICATE OF DEATH			
Sarah Sharp		Annapolis		County Anne Arundel	
Died at		Annapolis		MARYLAND	
Date of death		1908	July	13	Age fifty
Sex Female		Color or Race White		Birth-place Adco. Md	
Occupation Domestic		Where Residing if not at place of death 60 Washington			
Married, Single or Widowed Widowed		Name of Wife or Husband Fent Sharp			
Father's Name William Mitchell		Father's Birthplace Adco. Md			
Mother's Maiden Name Mary Plummer		Mother's Birthplace Adco. Md			
Name of person giving information Daughter		How related to deceased Daughter			
CAUSES OF DEATH					
Primary Nephritis		How long Several weeks			
Immediate Heart Failure		How long Gradual			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout			
Yes		Address Annapolis Md			
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

Mary Shethick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

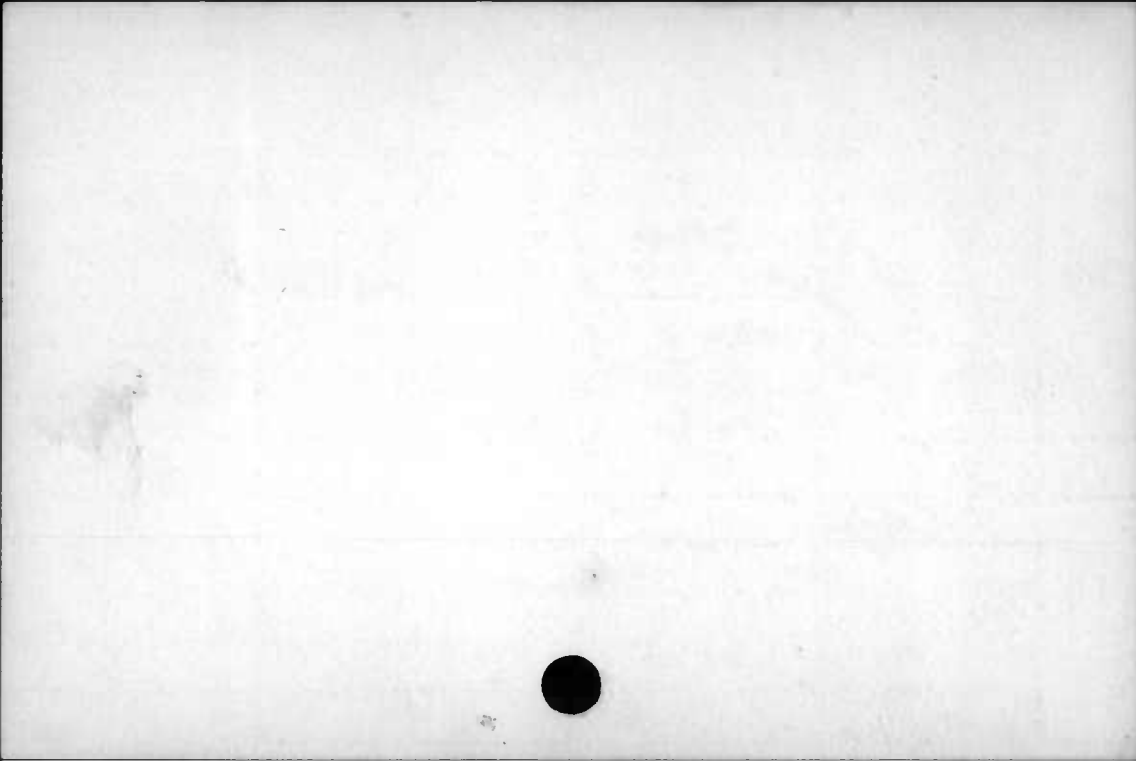
Died at <i>Curtis Bay</i> <sup>Town</sup>		County <i>a</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>12</i>	Age <i>41</i>	Years <i>41</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Bohemia</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Albion Shethick</i>				
Father's Name <i>Thomas Stach</i>	Father's Birthplace <i>Bohemia</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>Mary Krawiec</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>Chas H Brooke</i>
	Address <i>Brooklyn</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

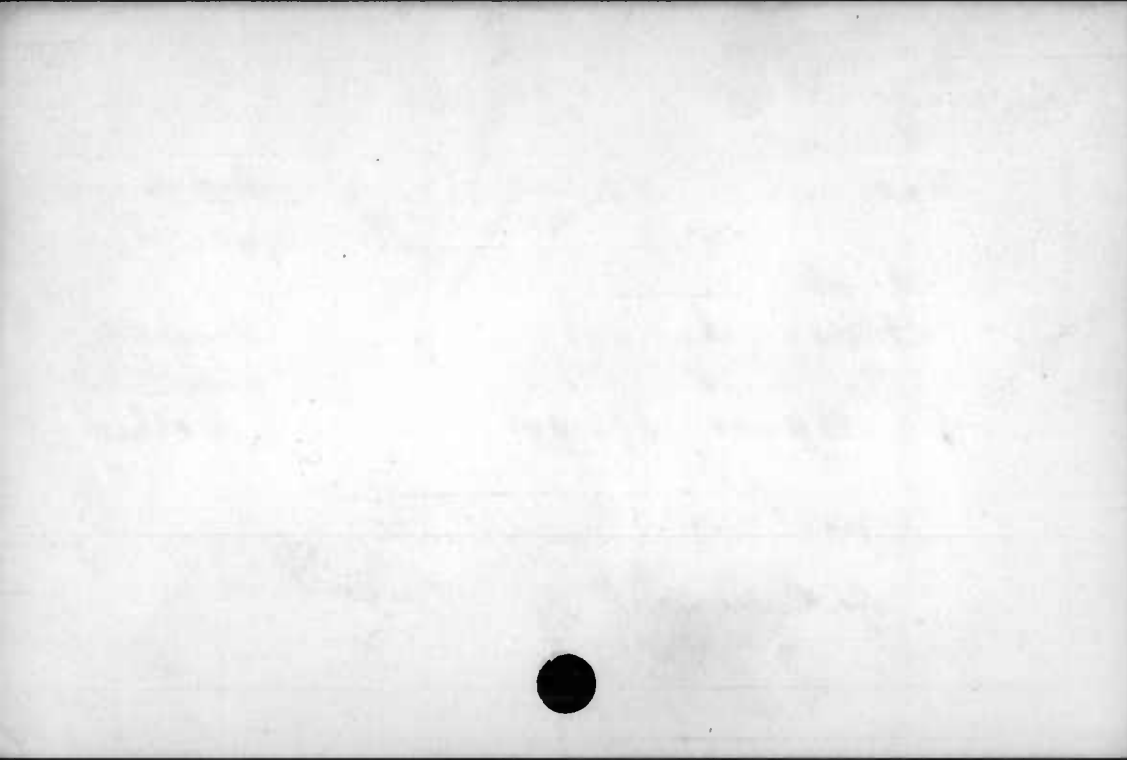
Elizabeth Spencer

## CERTIFICATE OF DEATH

Died at		Annapolis		U.A. Co.		County		- MARYLAND	
Date of death		1908	Month	Feb	Day	17	Age	8	Years
								Months	Days
Sex		Female		Color or Race		Colored		Birth-place	
								Annapolis Md	
Occupation		Unknown		Where Residing if not at place of death		85		Marblemont St	
Married, Single or Widowed		Single		Name of Wife or Husband		Unknown			
Father's Name		Thomas Spencer		Father's Birthplace		West River		Md	
Mother's Maiden Name		Susan Cindell		Mother's Birthplace		West River		Md	
Name of person giving information		Thomas Spencer		How related to deceased		Father			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Capillary Bronchitis	How long	Six days
	Immediate	Thnoca	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes		John Ridout	
		Address		Annapolis
Accident or Suicide?				





Name in Full <b>Still Born Spriggs</b>		Town <b>Annapolis md</b>		County <b>P. D. C.</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis md</b>		Date of death <b>1908</b>		Month <b>Sept</b>		Day <b>8</b>	
Age <b>8</b>		Years <b>8</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Annapolis md</b>			
Occupation <b>—</b>		Where Residing if not at place of death <b>191 West St</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>					
Father's Name <b>Harry Spriggs</b>		Father's Birthplace <b>Annapolis md</b>					
Mother's Maiden Name <b>Agnes Dove</b>		Mother's Birthplace <b>Annapolis md</b>					
Name of person giving information <b>Agnes Spriggs</b>		How related to deceased <b>Mother</b>					
CAUSES OF DEATH							
Primary <b>Unknown (Still Born)</b>		How long <b>—</b>					
Immediate <b>—</b>		How long <b>—</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. P. Keenan md</b>					
		Address <b>60 Cathedral St Annapolis md.</b>					
Accident or Suicide? <b>No</b>							

No. 1000



Name  
in  
Full

William G. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Camp Parole <sup>Town</sup> At <sup>County</sup> At <sup>MARYLAND</sup>

Date of death 1908 <sup>Month</sup> Feb <sup>Day</sup> 4th <sup>Years</sup> 49 <sup>Months</sup> yr <sup>Days</sup>

Sex Male Color or Race col. Birth-place At. Co.

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George Stewart Father's Birthplace At. Co.

Mother's Maiden Name Unknown Mother's Birthplace At. Co.

Name of person giving information G. B. Buchanan How related to deceased Friend

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary

Apoplexy

How long

How long

Twenty four hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

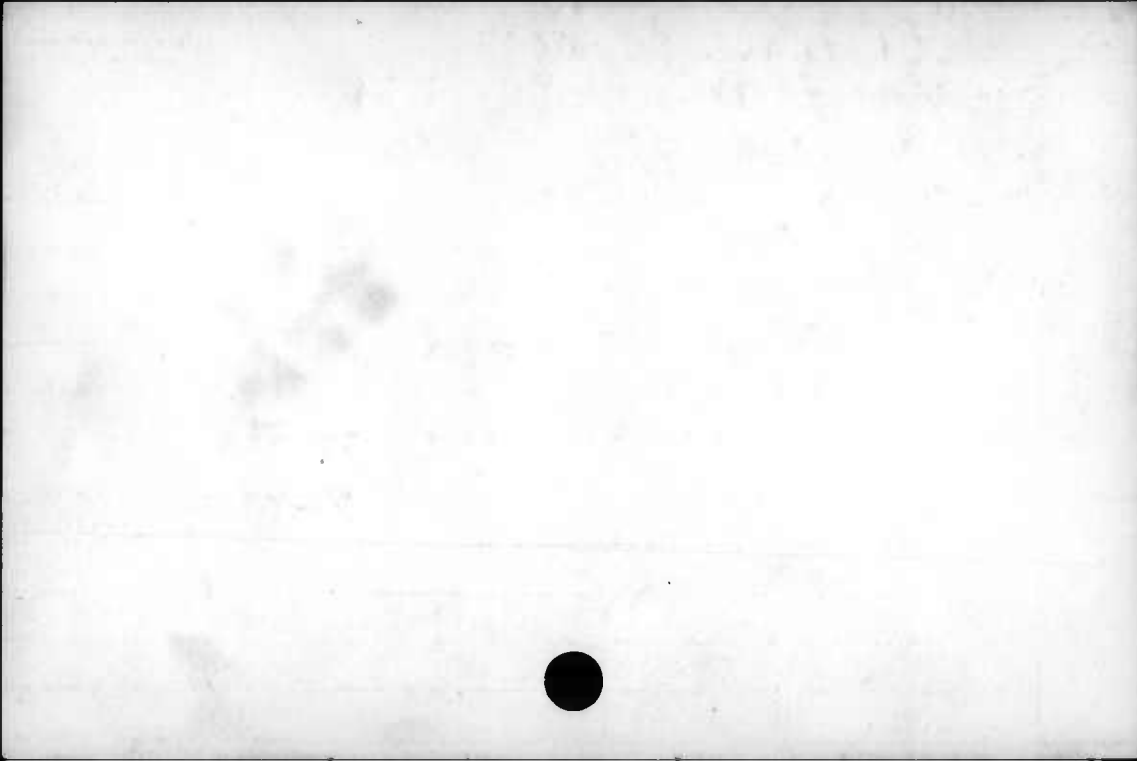
Signature of Physician

Address

John Ridout M.D.  
Annapolis  
Md

Accident or Suicide?

LIBRARY BUREAU 40010



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Germanstown C.C.* CountyDate of death *1908 Feb 6* Age *3-4* Months *2* Days *17*Sex *female* Color or Race *White* Birth-place *C.C. Co.*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *B. S. Suit* Father's Birthplace *C.C. Co.*Mother's Maiden Name *A. S. Schepke* Mother's Birthplace *C.C. Co.*Name of person giving information *John M. Suit* How related to deceased *Brother*

## CAUSES OF DEATH

106

Primary *Chronic Intestinal Catarrh* How long *months*Immediate *General Asthenia* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above?

*yes*

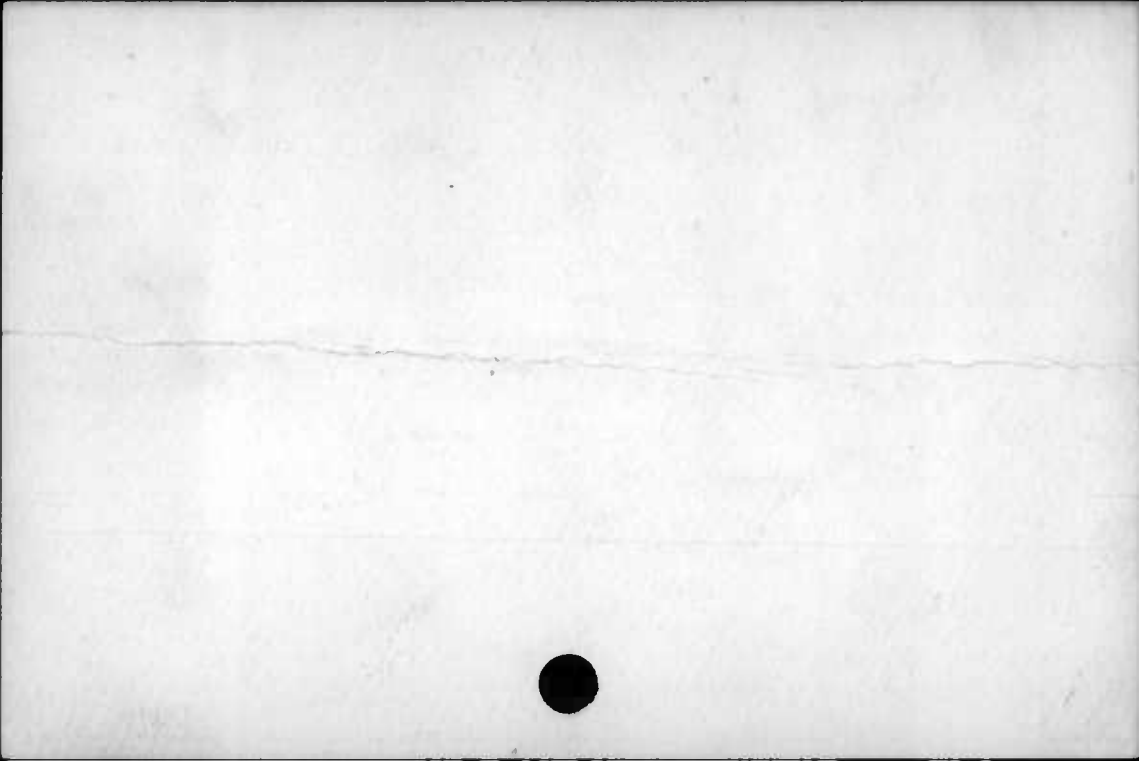
Signature of Physician

Address

*John Purvis*  
*Annapolis Md*

Accident or Suicide?

*No*



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

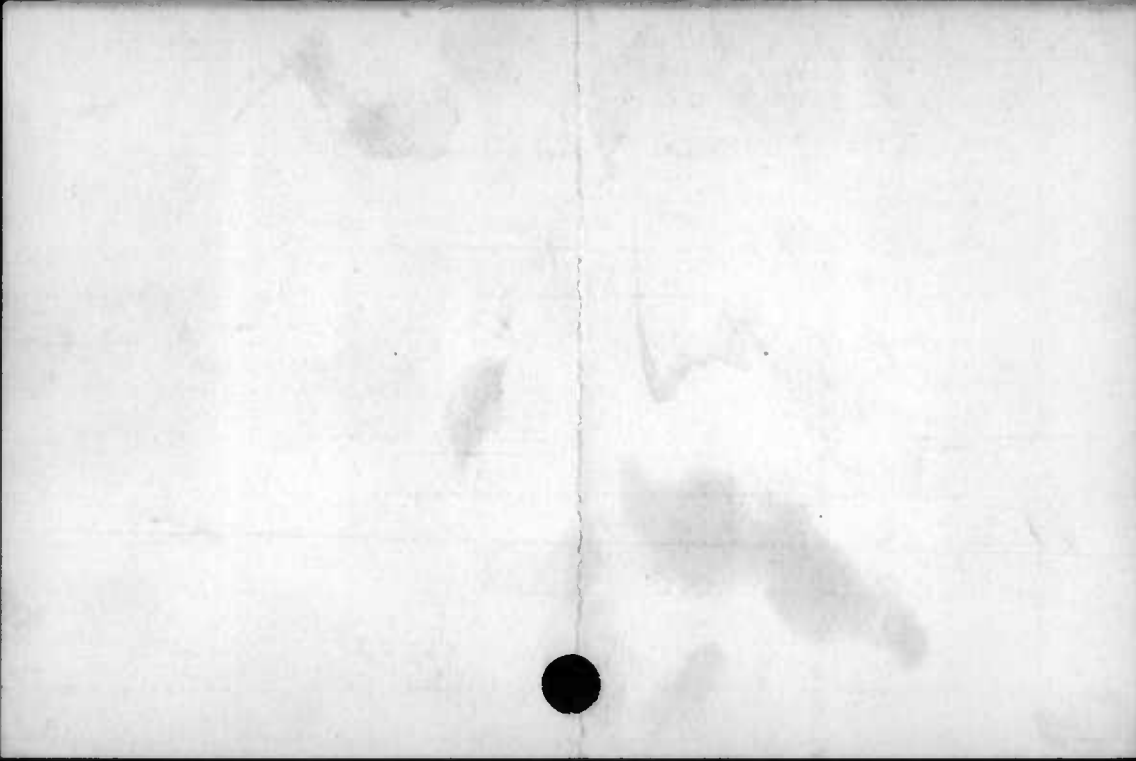
Died at <i>Brooklyn</i>		Town <i>Brooklyn</i>		County <i>Brooklyn</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>19</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>_____</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>						
Father's Name <i>U</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

### CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	6 Months
Immediate	Valvular Disease of Heart	How long	2 Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. R. Bronte M.D.
Accident or Suicide?		Address	1328 1/2 Charles St. Baltimore, Md.





Name  
In  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H

Mr. Geo E. Thomas

## CERTIFICATE OF DEATH

MARYLAND

Died at *Annapolis* <sup>Town</sup>*A.A.* CountyDate of death *1908* <sup>Month</sup> *Feb*Day *10*Age *70* <sup>Years</sup>

Months

Days

Sex *Male*Color or Race *White*Birth-place *Cambridge Md*Occupation *Labor*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Lizzie Thomas*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *Geo E. Thomas*How related to deceased *Son*

## CAUSES OF DEATH

93

Primary *Pneumonia*

Immediate

How long *5 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Thomas Griffus Trott.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Farmington 3rd dist.* *Anne Arundel* County *MARYLAND*

Date of death *1908* Month *Feb* Day *26* Age *70* Years' Months *4* Days *4*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Sailor* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Married* Name of Wife or Husband *Phete Hines Trott*

Father's Name *Benjamin Trott* Father's Birthplace *Virginia*

Mother's Maiden Name *Unknown* Mother's Birthplace *Virginia*

Name of person giving information *Joseph Daniels* How related to deceased *Friend*

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

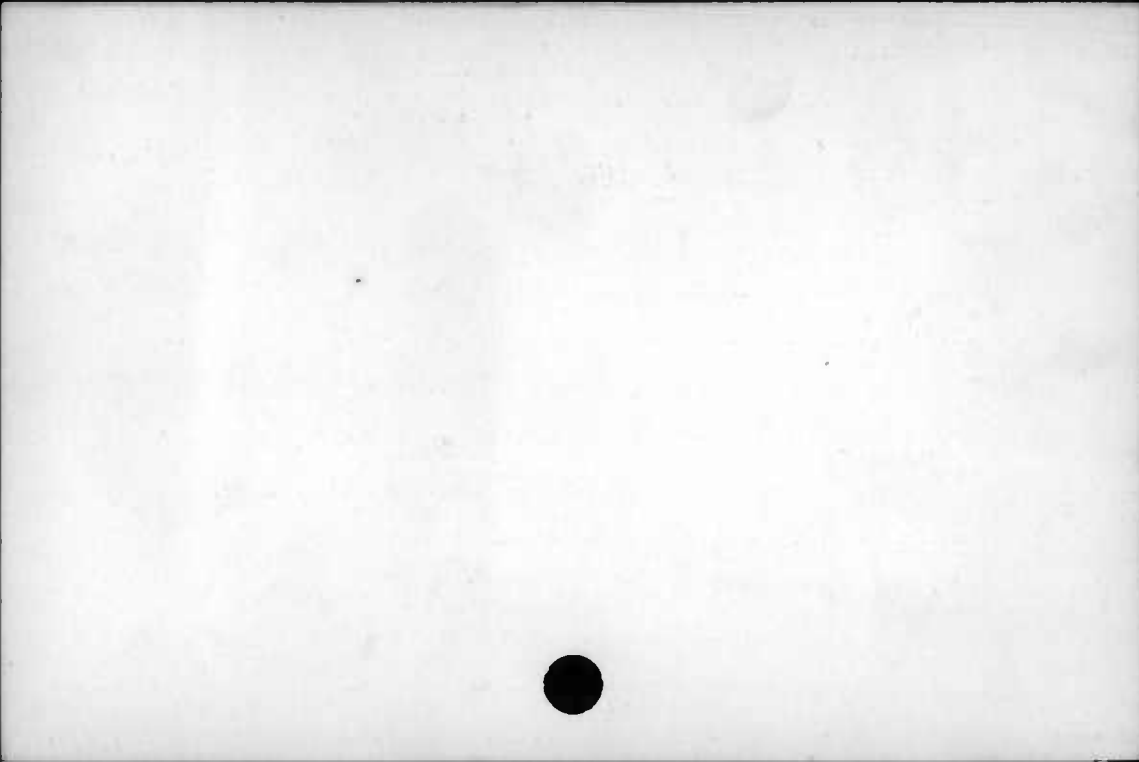
Primary *Otitis Media* How long *Two weeks*

Immediate *Hemorrhage of Brain* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James S. Bellingsha*

Address *Anniger Md*

Accident or Suicide? *No*



Name  
in  
Full

Washington Greene Luck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>			<i>Anne Arundel</i> <sup>County</sup>			MARYLAND	
Date of death	1908	Month	February	Day	5	Years	76
				Age	76	Months	0
				Days	28		
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Annapolis, Md.</i>
Occupation	<i>Physician</i>			Where Residing if not at place of death			<i>_____</i>
Married, Single or Widowed	<i>widower</i>		Name of Wife or Husband	<i>Lucy H. Jones</i>			
Father's Name	<i>Washington Greene Luck</i>					Father's Birthplace	<i>Annapolis, Md.</i>
Mother's Maiden Name	<i>Rachel Smith Whittington</i>					Mother's Birthplace	<i>Calvert Co. Md.</i>
Name of person giving information	<i>H. Clement Clander</i>					How related to deceased	<i>nephew</i>

## CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER  
H

Primary	<i>Erysipelas</i>	How long	<i>six days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. Clement Clander M.D.</i>
		Address	<i>9 St. John St. Annapolis, Md.</i>
Accident or Suicide?	<i>_____</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

*Herminie Von Rosen*

Town

County

MARYLAND

Died at *Armiger*

*D.A.*

Date of death

Month

Day

Years

Months

Days

*1908 Feb*

*15*

Age

*79*

*8*

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*Russia*

Occupation

*at church*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*widowed*

Name of Wife or  
Husband

*Anna Beadie*

Father's  
Name

*Herminie Von. Rosen*

Father's  
Birthplace

*Russia*

Mother's  
Maiden Name

*Maria*

Mother's  
Birthplace

*O O*

Name of person giving  
In formation

*May Houb*

How related  
to deceased

*daughter*

CAUSES OF DEATH

**64**

Primary

*Apoplexy*

How long

Immediate

*Heart failure*

How long

*1 hr*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*Dr. Brown*

Address

*Salisbury*

Accident or Suicide?

*yes*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*H*





Name  
in  
Full

Gladys Cornelius White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rehman Station 3 24</i>		County <i>dist Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	<i>Feb</i>	Day	<i>4</i>
Age		Years		Months	<i>9</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place	<i>A. A. Co</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles White</i>			Father's Birthplace <i>A. A. Co.</i>		
Mother's Maiden Name <i>Elizabeth Washington</i>			Mother's Birthplace <i>A. A. Co</i>		
Name of person giving information <i>Charles White</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long	<i>Eight days</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James S. Bellinger</i>
		Address	<i>Armiger</i>
Accident or Suicide?	<i>No</i>		<i>No</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Annapolis* Town*A. A.* CountyDate of death *1908 Feb* Month*24* DayAge *—* Years*5* Months*—* DaysSex *Female*Color or Race *Colored*Birth-place *Annapolis Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *None*Father's Name *William Wilson*Father's Birthplace *Edith A. Co. Md*Mother's Maiden Name *Mary Halkings*Mother's Birthplace *A. A. Co. Md*Name of person giving information *William Wilson*How related to deceased *Father*

## CAUSES OF DEATH

**179**

How long

*Months*

Primary

*Marasmus*

Immediate

*Exhaustion*

How long

*Gradual*

Are the name, age, sex, color, date and place correctly given above?

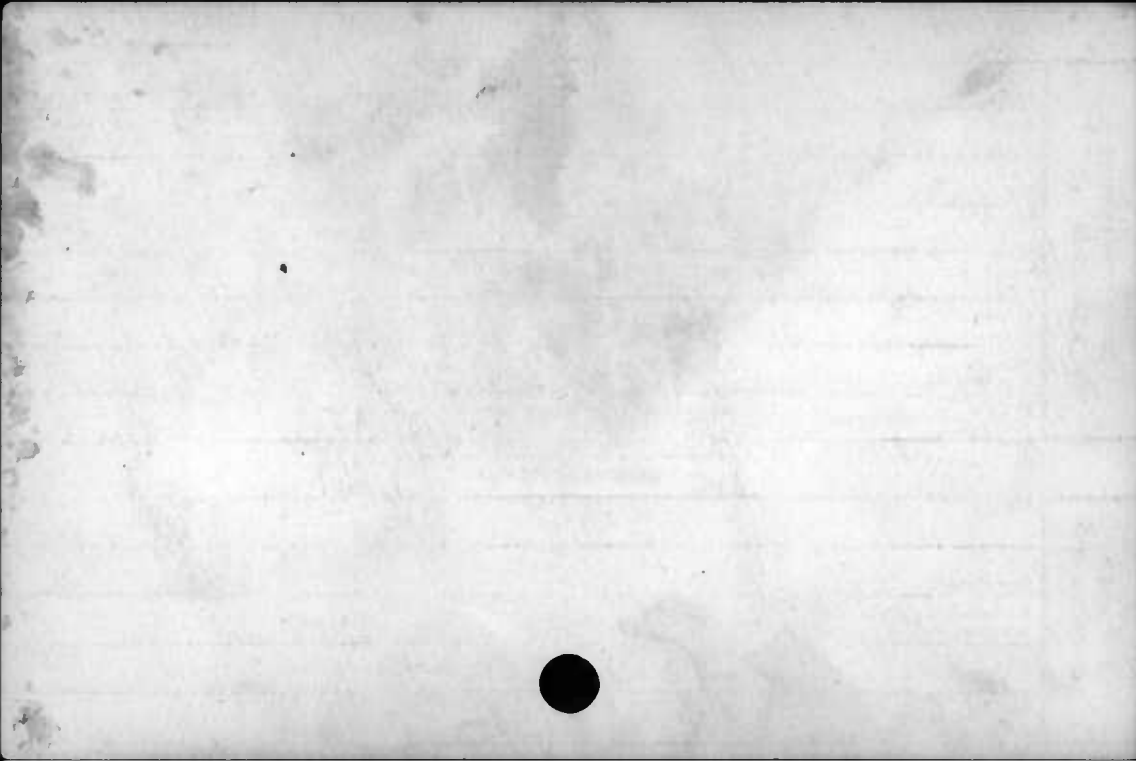
*yes*

Signature of Physician

Address

*John Ridout**Annapolis**Md*

Accident or Suicide?



Name

In  
Full

Charles Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>County Home</i>		Town <i>Home</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb.</i>		Day <i>1</i>		Age <i>53</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Henrietta Gillman</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Antony Wilson</i>		How related to deceased <i>Cousin</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>		How long <i>4 days</i>	
Immediate <i>Pneumonia</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Collinson</i>	
		Address <i>South River Md.</i>	
Accident or Suicide?			

(C1)



Name  
in  
Full

## CERTIFICATE OF DEATH

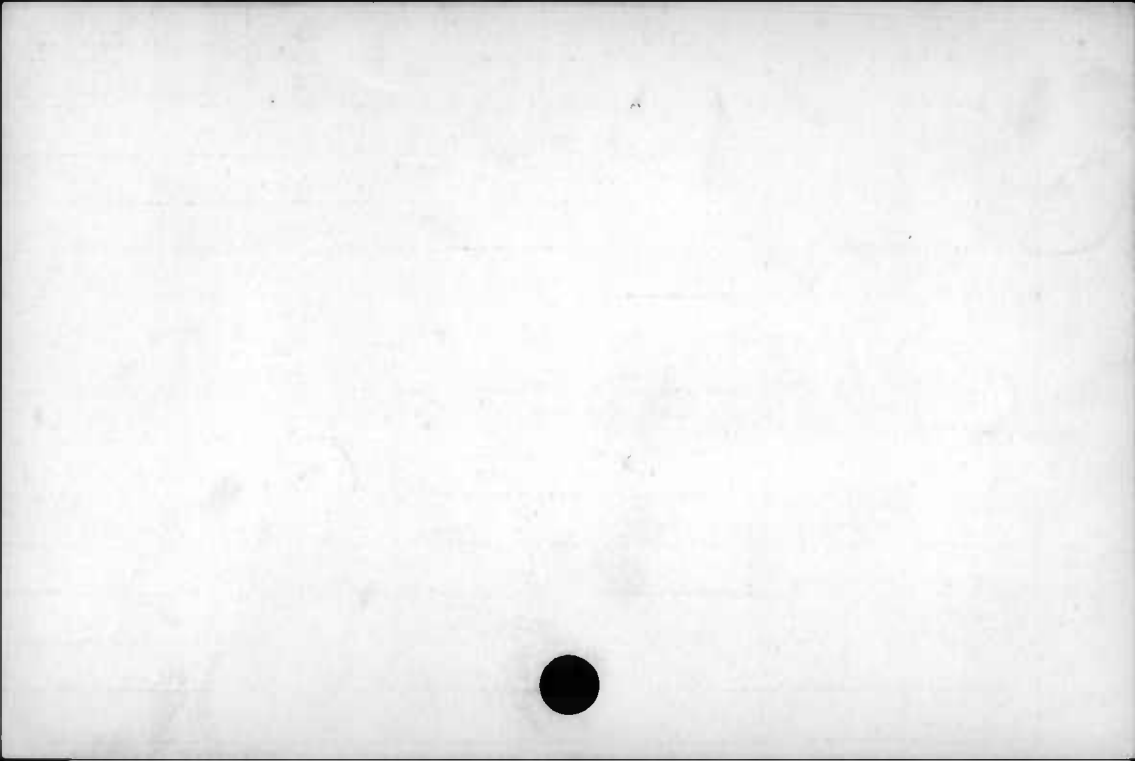
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb.	23.	20.	8		
Sex	Male.		Color or Race	Colord		Birth-place	South River Md
Occupation	Porter			Where Residing if not at place of death		German Town Md	
Married, Single or Widowed	Single		Name of Wife or Husband		unknown		
Father's Name	Charles Wilson				Father's Birthplace	South River Md	
Mother's Maiden Name	Sarah Hunter				Mother's Birthplace	South River Md	
Name of person giving information	James Johnson				How related to deceased	Uncle.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary - Tuberculosis		How long	27	2 Months
Immediate	Exhaustion		How long	One Week	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. D. Keen	
	MD		Address	60 Cathedral St Minneapolis	
Accident or Suicide?	No				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *James Young*  
Died at *County Home* <sup>Town</sup> *Anne Arundel* <sup>County</sup>  
Date of death *1908* <sup>Month</sup> *Feb* <sup>Day</sup> *26* <sup>Years</sup> *45*  
Sex *Male* Color or Race *White* Birth-place *Unknown*  
Occupation *Farmer* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Miss Gertrude*  
Father's Name *Unknown* Father's Birthplace *Unknown*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
Name of person giving information *Bennet Owens* How related to deceased *no relation*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis*  
Immediate *Coma*

How long *4 months*  
How long *5 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*yes*  
Accident or Suicide?

*John Collinson*  
*South River Md.*

